

New Jersey State contact for information requests regarding solid waste landfills

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**COMPLIANCE EVALUATION INSPECTION (CEI)**

**ENCAPSULATIONS, INC.**  
**(CHASE LABORATORIES)**

**NEWARK, NEW JERSEY**

**WORK ASSIGNMENT R02035**



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## ATTACHMENTS

New Jersey Generator Inspection Report  
Hazardous Waste Manifests  
Letter notifying NJDEP of company name change  
1992 Hazardous Waste Report



## **1.0 INTRODUCTION**

In accordance with RCRA policy, hazardous waste transporters, generators, or treatment/storage/disposal (TSD) facilities are subject to Compliance Evaluation Inspections (CEIs), which address facility environmental concerns. The inspections are conducted to evaluate compliance with all applicable standards promulgated under 40 CFR Parts 262 through 268.

Under TES V Work Assignment R02035, CDM Federal Programs Corporation (CDM Federal) was contracted to conduct a CEI at the Encapsulations, Inc. facility in Newark, New Jersey. Michelle Stowers of Science Applications International Corporation (SAIC), a subcontractor to CDM Federal, visited Encapsulations, Inc. on November 2, 1993 to conduct the CEI. The information contained within this report was obtained from facility personnel and onsite records during the CEI, except where referenced otherwise.

The CEI was conducted using (as appropriate) the New Jersey Generator Inspection Report, General Site Inspection Form, Waste Minimization Checklist, Transporters Standards Checklist, Hazardous Waste Tank System Inspection Checklist, and the RCRA Land Disposal Restrictions Checklist. These documents were used as the basis for the inspection. All pertinent information is recorded in the inspection narrative. When necessary, relevant checklists were completed to provide additional detail when specific concerns were encountered during the inspection.

## **2.0 SITE BACKGROUND**

### **2.1 FACILITY DESCRIPTION AND OPERATIONS**

The Encapsulations, Inc. facility was identified on an EPA database as a hazardous waste non-notifier, with SIC code 2834. Encapsulations, Inc. is located at 280 Chestnut Street in Newark, New Jersey. Because the facility was identified as a non-notifier, an EPA ID number was not available.

The inspection consisted of meeting a facility representative to obtain a description of the site operations, conducting a site tour, and reviewing facility documents. Facility representatives Joseph Basile and Phillip Caprara were present for the full duration of the inspection; Ben Busby, Plant Engineer, was present for the introduction and closing portions of the inspection.

Encapsulations, Inc. is one of three sister companies operating at the site. According to facility representatives, the facility is essentially one operation with separate companies set up for accounting



purposes. The other two sister companies are Chase Pharmaceuticals, and Chase Laboratories. The distinction between companies is made on the basis of the materials produced. All three are pharmaceutical producers: Encapsulations, Inc. manufactures capsules; Chase Pharmaceutical manufactures tablets; and Chase Laboratories manufactures prescription drugs.

The EPA ID number of Chase Laboratories is NJD 053522231. Because the facility operates as one company, all hazardous waste activities are managed under the Chase Laboratories name, thus, Encapsulations, Inc. does not have its own EPA ID number. The wastestreams are not segregated by company. The facility is a hazardous waste generator and stores hazardous wastes onsite for periods of less than 90 days.

## 2.2 HAZARDOUS WASTE GENERATION

The facility generates hazardous wastes from still bottoms and oil lubricants (vegetable and mineral) used in the pharmaceutical manufacturing process. Spent chemicals are periodically generated from the facility laboratory (e.g., when cleaning out the laboratory stockroom of outdated or obsolete chemicals as was done in 1992).

The facility's hazardous waste manual identifies the following routinely generated wastes:

- waste tetrachloroethylene (perch still bottoms)
- waste isopropanol
- laboratory waste - waste flammable liquids
- chloroform laboratory waste
- cyanogen bromide (waste flammable liquid)
- IPA and ethocel (waste flammable liquid) (note spelling is as written in manual)
- mineral spirits and water
- waste oil - vegetable and mineral oils
- kathene solution (hazardous liquid waste) (note spelling is as written in manual)
- heptane and hexane still bottoms

The facility operates one hazardous waste storage area for wastes stored less than 90 days. The facility has scheduled hazardous waste pick-ups approximately once every 60 days. Waste solvents are picked up by Cycle Chem; waste oil is picked-up by Lionetti Oil; and waste tetrachloroethylene (referred to as "perch") is picked up by Rineco. Approximately 25 drums of solvent are removed during each pick-up by Cycle Chem. Waste oil is pumped out of the drums onsite and into a tanker truck for disposal.





All environmental permits for the facility are under the Chase Laboratories name. The facility has an industrial wastewater discharge permit with the Passaic Valley Sewer Commission. According to facility representatives, monthly samples of the discharge are analyzed and the results are reported (this data was not reviewed during the inspection). The facility also has several air permits for its catalytic oxidizer (VOCs, solvents), scrubbers (VOCs, IPA scrubber), and dust collectors. Dust from the collectors is described by the facility representatives as "all pharmaceutical" material and is said to be nonhazardous; it is disposed of with the facility's municipal trash. The waste IPA scrubber material is soluble in water and flows directly to the Passaic Valley discharge; it is part of the regulated Passaic Valley industrial discharge.

Several years ago (exact date not provided) the facility removed a number of underground tanks as part of a New Jersey Environmental Clean-up Responsibility Act (ECRA) investigation. According to the facility representatives, all existing tanks are tagged and regulated. As part of the investigation, ground-water monitoring wells were installed.

### **3.0 ON-SITE OBSERVATIONS**

#### **3.1 IDENTIFICATION OF HAZARDOUS WASTE**

Hazardous wastes are stored on a concrete pad at an outdoor hazardous waste storage area. At the time of the inspection, there were approximately 44 drums with accumulation dates between September 1 and November 2, 1993. All drums appeared to be properly closed and labeled; labels were clearly visible. Adequate aisle space between drums was maintained.

Access to alarms and telephones is available, as well as to fire extinguishers; however, these items are not visually within site of the hazardous waste storage area, nor are there signs indicating their direction. Spill containment and cleanup material (including spill absorbant and an overpack drum) were available at the hazardous waste storage area.

No apparent violations were noted at the container storage area.

#### **3.2 EXAMINATION OF PAPERWORK**

Manifests were reviewed for 1991, 1992, and 1993. Annual reports were reviewed for 1991 and 1992. No apparent violations were noted.

The training and emergency plans were reviewed. The facility contingency plan had been revised in August 1993, and the list of contacts appeared to be up to date. Every six months, the facility



presents a training and emergency response drill. Letters were in the file notifying the local fire, hospital, and other emergency response agencies of the planned drill. The facility has made arrangements with an emergency response clean-up contractor, and documentation of this arrangement was in the file.

The facility had an incident that required the implementation of its emergency contingency plan. On June 20, 1993, an explosion and resulting fire occurred in the facility laboratory. The facility reports that it notified and filed all of the necessary reports with the appropriate authorities and that OSHA and the Bureau of Alcohol, Tobacco, and Firearms (ATF) conducted thorough investigations into the event (there was speculation or evidence suggesting that the explosion may have been deliberate). A review of the reports filed for the explosion was not conducted during this inspection.

#### **4.0 CONCLUSIONS**

Encapsulation, Inc. was identified by EPA as a hazardous waste non-notifier. Encapsulation, Inc. is one of three sister companies operating at the site. In essence, the three companies operate as one facility. One of the three companies is listed as a hazardous waste generator, Chase Laboratories, which has EPA ID number NJD 053522231. As far as facility operations are concerned, Encapsulations, Inc. is essentially the same facility as Chase Laboratories. The three different company names apparently have been established for accounting and marketing purposes. There is no distinction between wastestream generation among the three companies. All environmental permits have been listed under Chase Laboratories, therefore, for the purposes of EPA identification, it is believed that Encapsulations, Inc. should be cross-referenced to Chase Laboratories.

The facility appears to be meeting all applicable generator requirements. No violations were noted during the inspection.



FILE #: \_\_\_\_\_

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION  
& ENERGY

DIVISION OF FACILITY WIDE ENFORCEMENT

BUREAU: \_\_\_\_\_

GENERATOR INSPECTION REPORT

FACILITY INFORMATION

FACILITY NAME: Encapsulations, Inc. / Chase Laboratories

EPA ID NUMBER: NJD 053522231 CASE NUMBER: \_\_\_\_\_

STREET ADDRESS: 280 Chestnut St

MUNICIPALITY: Newark COUNTY: Essex

MAILING ADDRESS: \_\_\_\_\_  
(if different)

BILLING ADDRESS: \_\_\_\_\_  
(if different)

TELEPHONE # (201) 589-8181 FAX # (201) 589-8709

BLOCK : \_\_\_\_\_ LOT : \_\_\_\_\_

FACILITY PERSONNEL: Joseph Basile - handles day to day HW management  
(name & title)

Phillip Caprara - Assistant to Joe Basile

Ben Busby - Plant Engineer - oversees all environmental permitting

INSPECTION DATE: Nov. 2, 1993

INSPECTOR'S NAME & TITLE: Michelle Stowers

Science Applications International Corp (SAIC) - subcontractor

OTHER STATE/EPA PERSONNEL: None

REPORT PREPARED BY: Michelle Stowers

REVIEWED BY: \_\_\_\_\_ DATE OF REVIEW: \_\_\_\_\_

DFWE 29 REV. 1/12/93

INSPECTION DATE(S): Nov. 1, 1993 Nov. 2, 1993                        
TIME IN: ~ 2 pm ~ 10 am                        
TIME OUT: ~ 2:15 pm ~ 2 pm                      

PAGE 2

PHOTOS TAKEN: YES (        ) NO ( ✓ ) QUANTITY (        ) ATTACH  
PHOTO LOG

SAMPLES TAKEN: YES (        ) NO ( ✓ ) HOW MANY (        ) ATTACH  
SAMPLE LOG

SITE BACKGROUND INFORMATION

# EMPLOYEES:                                  SHIFTS/WEEK: 24 guard, 24 shifts  
DATE OPERATIONS BEGUN: ~ 60 years ago SIC CODE:             
# ACRES: 1 1/2 blocks # OF BUILDINGS/SQFT: ~ 5 building, 2 parking lots  
PRODUCTS PRODUCED: Capsules, Tablets for vitamins & drugs

PREVIOUS OPERATIONS AT SITE:                                 

WATER SUPPLY- PUBLIC: ✓ PRIVATE WELL:           

SOLID WASTE DISPOSAL: municipal

FLOOR DRAINS:           

DRAINS CONNECTED TO- POTW: ✓ passaic valley discharge permit SEPTIC SYSTEM:           

MONITORING WELLS: yes, ECRA UST petroleum investigation  
for prior owner (Iroquois 1989)

NON-HW. TANKS ON SITE : yes. USTs petroleum

AIR PERMITS: yes - <sup>(mts)</sup>oxidizer, catalytic <sup>(mts)</sup>converter  
scrubber & dust collectors

NJPDES PERMITS: No.

OTHER PERMITS:



INSPECTION & GENERAL FACILITY DESCRIPTION & OPERATIONS

Facility manufactures capsules and tablets for vitamins and drugs. Facility basically operates as one facility although there are 3 companies associated with it:

1.) Encapsulations Inc - identified by EPA as a non-notifier, makes capsules

2.) Chase Pharmaceuticals - manufactures tablets

3.) Chase Laboratories - manufactures prescription drugs.

According to the facility reps, the distinction between companies is made on the basis of the products produced and is <sup>MTS</sup> ~~really~~ done for accounting-type purposes.

Wastestreams are not segregated by company, and Chase Laboratories is the company name that all <sup>environmental</sup> permits all listed under. So, essentially it is Chase Laboratories that is "generating" a hazardous waste not encapsulations Inc.

The fac. operates 1 90-day storage area for drums of perch still bottoms, waste mineral oils, etc.

add additional pages as needed

add additional pages as needed





GENERATOR INDEX

CHECK THE SECTIONS AND ACTIVITIES OF THIS REPORT WHICH ARE APPLICABLE TO THE FACILITY AND COMPLETE THOSE SECTIONS FOR THIS INSPECTION.

GENERATOR WASTE MANAGEMENT PRACTICES

#	SECTION	PAGE
1.	WASTE DETERMINATION	7. <input checked="" type="checkbox"/>
2.	GENERATOR STATUS	8. <input checked="" type="checkbox"/>
3.	SATELLITE STORAGE AREAS	9. <input checked="" type="checkbox"/>
4.	< 90 DAY CONTAINER STORAGE AREAS	10. <input checked="" type="checkbox"/>
5.	WASTE OIL USEAGE	12. <input checked="" type="checkbox"/>
6.	< 90 DAY ABOVE GROUND TANKS STORAGE AREAS	13. <input type="checkbox"/> Not Applicable
7.	WASTE MANAGEMENT PRACTICES	14. <input checked="" type="checkbox"/>
8.	GENERATOR MANIFESTS	15. <input checked="" type="checkbox"/>
9.	EXPORTING HAZARDOUS WASTE	17. <input type="checkbox"/> Not Applicable
10.	CONTINGENCY PLAN & EMERGENCY PROCEDURES	18. <input checked="" type="checkbox"/>
11.	PERSONNEL TRAINING	20. <input checked="" type="checkbox"/>
12.	PREPAREDNESS & PREVENTION	22. <input checked="" type="checkbox"/>
13.	"WASTE WATER TREATMENT UNIT" QUALIFICATION	24. <input type="checkbox"/> Not Applicable

SECTION 1.

**WASTE DETERMINATION:**

YES NO

DOES the facility generate "solid waste".

DOES the facility generate a "hazardous waste".

IS THE FACILITY CORRECTLY CLASSIFYING ITS WASTES?

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

8.5(a) Generator failed to determine if its "solid waste" is hazardous?

7.4 (x) Generator FAILED to properly classify its waste according to the "Hierarchy".

## COMMENTS

DFWE 29  
REV 01/12/93

SECTION 2.

### GENERATOR STATUS

**YES      NO**

Does the generator generate/accumulate >100 kg of hazardous waste (1kg acutely) or greater than 1001 gal of listed waste oil in any calendar month?  
(except x725 - 100 kg rule applies)

If no, does the generator wish to deactivate his EPA ID. number?

IS THE FACILITY IN COMPLIANCE WITH THE GENERATOR  
REQUIREMENTS OF THIS INSPECTION REPORT?

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

7.4(a)1 The Generator failed to have an EPA ID number.

## COMMENTS

DFWE 29  
REV 01/12/93

SECTION 3.SATELLITE ACCUMULATION AREAS

IS THE FACILITY IN COMPLIANCE WITH THE  
SATELLITE ACCUMULATION REGULATIONS?

YES NO

☒ ☐

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

9.3(d)1 Quantity of waste EXCEEDS 55 gal. or  
1 qt. of acutely hazardous waste. \_\_\_\_\_

9.3(d)2 Containers FAIL to:

Meet the standards of 7.2  
(Container Requirements). \_\_\_\_\_

Poor or leaking container. \_\_\_\_\_

Container made of incompatible material. \_\_\_\_\_

Container not kept securely closed. \_\_\_\_\_

9.3(d)3 Accumulation area is:

NOT at or near a point of generation. \_\_\_\_\_

NOT under the control of the operator. \_\_\_\_\_

9.3(d)4 Containers are NOT marked  
"Hazardous waste". \_\_\_\_\_

9.3(d)5 Containers NOT marked with date  
when filled. \_\_\_\_\_

9.3(d)6 Containers were NOT moved from  
satellite area within three days. \_\_\_\_\_

COMMENTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECTION 4.GENERATOR CONTAINER STORAGE AREAS

IS THE FACILITY IN COMPLIANCE WITH THE  
GENERATOR STORAGE REGULATIONS?

YES NO

✓       

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

- |             |  |                   |
|-------------|--|-------------------|
| 7.2(a)      | <u>NO</u> manifest number on containers ready for disposal.  | <u>          </u> |
| 7.2(b)      | Containers <u>FAILED</u> to meet DOT regulations. (49CFR 171,179)  | <u>          </u> |
| 9.3(a)1     | Waste <u>ACCUMULATED</u> OVER 90 DAYS.   | <u>          </u> |
| 9.3(a)3     | Containers <u>NOT</u> marked with accumulation start date or "Hazardous Waste".  | <u>          </u> |
| 9.4(d)1i    | Containers <u>NOT</u> of adequate construction.  | <u>          </u> |
| 9.4(d)1ii   | Closures <u>NOT</u> of sufficient strength.  | <u>          </u> |
| 9.4(d)2     | Containers <u>NOT</u> in good condition.   | <u>          </u> |
| 9.4(d)3     | Containers <u>NOT</u> compatible with waste.   | <u>          </u> |
| 9.4(d)4i    | Containers <u>NOT</u> kept closed.   | <u>          </u> |
| 9.4(d)4iii  | Containers <u>NOT</u> properly handled.  | <u>          </u> |
| 9.4(d)4iv   | Hazardous wastes <u>NOT</u> segregated.  | <u>          </u> |
| 9.4(d)4v    | ID Labels <u>NOT</u> visible.  | <u>          </u> |
| 9.4(d)4vi   | Cleaning of empty containers does <u>NOT</u> take place in a designated area.  | <u>          </u> |
| 9.4(d)4vii  | Rinse waters <u>NOT</u> handled properly.  | <u>          </u> |
| 9.4(d)4viii | Container reuse <u>NOT</u> in compliance with DOT regulations.   | <u>          </u> |
| 9.4(d)5     | The storage area is <u>NOT</u> inspected.  | <u>          </u> |
| 9.4(d)6     | Containers of ignitable and reactive wastes are <u>NOT</u> located at least 50 feet from the facility's property line. | <u>          </u> |

9.6(d) Access to communication or  
alarm system is NOT maintained.

9.6(e) INADEQUATE aisle space.

COMMENTS:

SECTION 5

WASTE OIL

YES NO

IS THE FACILITY IN COMPLIANCE WITH THE  
WASTE OIL STORAGE REGULATIONS?

☒ ☐

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

The generator ONLY generates or accumulates less  
than 1001 gals. of waste oil per month and:

7.7(d) Generator FAILED to obtain receipts  
and retain them for three years.

9.2(b) If under ground tanks are used to  
store waste oil, the generator  
is NOT a:

1. New commercial service  
station waste oil tanks  
of <1001 gal capacity\*

or does NOT:

2. Use underground tanks in  
existence and in use for  
Hazardous Waste storage  
prior to 1/17/83.

NOTE: If the generator generates over 100 kg of  
hazardous waste and any listed waste oil or  
generates/stores >1001\* gal of waste oil in  
any given month MUST be in compliance with  
ALL generator requirements.

COMMENTS:



SECTION 6.ABOVE GROUND TANKS*Not Applicable.*

YES NO

IS THE FACILITY IN COMPLIANCE WITH THE ABOVE  
GROUND <90 DAY STORAGE TANK REGULATIONS?

\_\_\_\_\_

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

If the generator stores hazardous waste in an above ground  
tank for <90 days, the generator FAILED to:

- 9.3(b) Have a letter of approval? \_\_\_\_\_
- 9.3(b)2 Have overfilling controls? \_\_\_\_\_
- 9.3(b)3 Have secondary containment? \_\_\_\_\_
- 9.3(b)4 Insure that 99% of the tank can be  
emptied? \_\_\_\_\_
- 9.3(b)5 Empty the tank every 90 days? \_\_\_\_\_
- 9.3(b)6 Remove all wastes from the tank(s)? \_\_\_\_\_
- 9.3(b)8 If part of the tank is below grade, all  
of the tank cannot be visually inspected. \_\_\_\_\_
- 9.3(b)9 The tank is not labeled with the  
words "HAZARDOUS WASTE". \_\_\_\_\_

## COMMENTS

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SECTION 7.

WASTE MANAGEMENT

IS THE FACILITY IN COMPLIANCE WITH THE WASTE  
MANAGEMENT REGULATIONS?

YES NO

☒ ☐

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

12.1(a) Generator IS ACTING as a TSDF by:

1. Treating hazardous waste. \_\_\_\_\_
2. Storing hazardous waste. \_\_\_\_\_
3. Disposing of hazardous waste on  
site? \_\_\_\_\_

9.3(a)1 Site IS ACTING as a generator but  
accumulating waste in containers or  
approved tanks for more than 90 days. \_\_\_\_\_

9.2(a)2 Hazardous waste IS handled in a manner  
which causes or may cause a spill. \_\_\_\_\_

N.J.S.A. 58:10-23.11(c)  
Discharge of a hazardous substance. \_\_\_\_\_

N.J.S.A. 58:10-23.11(e)  
Failure to report the discharge. \_\_\_\_\_

IF THE FACILITY IS ACTING AS A TSDF, COMPLETE THE TSD  
REPORT.

COMMENTS:

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SECTION 8.GENERATOR MANIFESTS

YES NO

IS THE FACILITY IN COMPLIANCE WITH THE GENERATOR  
MANIFEST REGULATIONS?

✓  
\_\_\_\_

IF NO, CHECK THE ITEMS OF NON COMPLIANCE

- |            |  |       |
|------------|--|-------|
| 7.4(a)3    | Generator <u>FAILED</u> to prepare a Hazardous Waste Manifest.                   | _____ |
| 7.4(a)4    | Each manifest <u>failed</u> to have the following information:                   |       |
| 7.4(a)4i   | Generator's name, mailing address (site address if different), and phone number. | _____ |
| 7.4(a)4ii  | The generator's EPA ID number.   | _____ |
| 7.4(a)4iii | The transporter(s) name, phone number, NJ registration and decal numbers.        | _____ |
| 7.4(a)4iv  | The transporter(s) EPA ID number.  | _____ |
| 7.4(a)4v   | The name, address and phone number of the designated TSD facility.               | _____ |
| 7.4(a)4vi  | The TSDF's EPA ID number.  | _____ |
| 7.4(a)4vii | The proper USDOT description.  | _____ |

OR

- |             |  |       |
|-------------|--|-------|
|             | Complete NOS information in item J.  | _____ |
| 7.4(a)4viii | Special handling instructions.   | _____ |
| 7.4(a)5i    | The generator signature and date.  | _____ |
| 7.4(a)5ii   | Transporter's signature & date.  | _____ |
| 7.4(a)5iii  | Generator <u>FAILED</u> to retain copy and forward copies to the state of origin & state of destination. | _____ |
| 7.4(a)5v    | Generator <u>FAILED</u> to give the remaining copies to hauler.  | _____ |

- 7.4(e)2 Generator FAILED to use a registered Transporter. \_\_\_\_\_
- 7.4(e)3 Generator FAILED to designate an authorized TSD or reuse facility. \_\_\_\_\_
- 7.4(e)4 Generator FAILED to utilize an authorized TSD. \_\_\_\_\_
- 7.4(f) Generator FAILED to maintain the following facility records for three (3) years:
- 7.4(f)1 Manifests. \_\_\_\_\_
- 7.4(f)2 Annual and/or exception reports. \_\_\_\_\_
- 7.4(f)3 Generator FAILED to maintain records during the course of unresolved enforcement action or as requested. \_\_\_\_\_
- 7.4(h)1 Generator has FAILED to receive signed copies of all manifests. \_\_\_\_\_
- 7.4(h)1 Generator FAILED to notify the TSD or Department within 35 days. \_\_\_\_\_
- 7.4(h)2 Generator FAILED to file exception reports within 45 days. \_\_\_\_\_

**COMMENTS :**

*[The page contains faint horizontal lines and illegible markings.]*

## HAZARDOUS WASTES EXPORTATION

Not Applicable

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

Generator FAILED to:

- 7.4(b) Notify the EPA of its intent to export. \_\_\_\_\_
- Obtain acknowledgement of consent  
from the receiving country. \_\_\_\_\_
- 7.4(c) Provide the information required in  
N.J.A.C. 7:26-7.4 ET. SEQ.to the EPA. \_\_\_\_\_
- 7.4(c)7 Insure that the acknowledgement is  
attached to each manifest. \_\_\_\_\_
- 7.4(c)8 Deliver a copy of the Manifest to  
Customs at the point of departure? \_\_\_\_\_
- 7.4(g)4 Submit an annual report to the EPA? \_\_\_\_\_

**COMMENTS :**

*[The page contains faint horizontal lines and illegible mirrored text from the reverse side.]*

SECTION 10.CONTINGENCY PLAN AND EMERGENCY PROCEDURES

YES NO

IS THE FACILITY IN COMPLIANCE WITH THE CONTINGENCY  
PLAN & EMERGENCY PROCEDURES REGULATIONS? ✓     

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

- 9.7(a) NO contingency plan.
- 9.7(b) Generator FAILED to impliment the  
plan in an emergency.
- 9.7(c) Plan FAILED to describe the response  
actions facility personnel and local  
authorities shall take.
- 9.7(d) Generator FAILED to prepare a Spill  
Prevention, Control, and Counter-  
measures (SPCC) Plan in accordance  
with 40 CFR 112 or 300 or a Discharge  
Prevention Containment and Counter-  
measure (DPCC) Plan in accordance with  
N.J.A.C. 7:1E-4.1 et seq.

NOTE: DPCC: A schedule of regulated storage  
volumes and their effective dates  
can be found in N.J.A.C. 7:1E-4.6(b).

SPCC: Storage of any kind of oil and most  
oil products including gasoline and  
fuel oils If:

1. >660 gal single tank
2. >1,320 gal multiple tanks
3. >42,000 gal underground storage.

- 9.7(d) Generator has a DPCC or SPCC plan,  
and FAILED to amend that plan to  
incorporate hazardous waste  
management.
- 9.7(e) Plan FAILS to describe arrange-  
ments agreed to by local authorities.
- 9.7(f) Plan FAILS to list names, addresses,  
and phone numbers (office and home)  
of emergency coordinators.



- 9.7(g) Plan FAILS to include a list, location, AND CAPABILITIES of all emergency equipment. \_\_\_\_\_
- 9.7(h) Plan FAILS to describe evacuation procedures, evacuation signal(s) AND routes. \_\_\_\_\_
- 9.7(i) Generator FAILED to:
1. Keep a copy of the plan at the facility. \_\_\_\_\_
  2. Submit the contingency plan to local authorities. \_\_\_\_\_
- 9.7(j) Generator FAILED to revise the contingency plan when:
1. Applicable regulations are revised. \_\_\_\_\_
  2. The plan fails. \_\_\_\_\_
  3. The facility changes. \_\_\_\_\_
  4. The Emergency Coordinator changes. \_\_\_\_\_
  5. The emergency equipment changes. \_\_\_\_\_
- 9.7(k) Emergency coordinator NOT available. \_\_\_\_\_

## COMMENTS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Note facility had an explosion in its Laboratory on fathers day, June 1993.

The facility reports extension paperwork notifications of reporting were done and OSHA and ATF (Alcohol, Tobacco & Firearms) were investigating the incident. Details of this event of reporting were not reviewed due to time limitations.

\_\_\_\_\_

SECTION 11.PERSONNEL TRAINING

IS THE FACILITY IN COMPLIANCE WITH THE  
PERSONNEL TRAINING REGULATIONS?

YES NO

☒ ☐

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

- 
- 9.4(g)2 Training program NOT directed by a person trained in hazardous waste management procedures and, is it NOT designed to ensure that facility personnel are able to respond effectively. \_\_\_\_\_
- 9.4(g)3 Program FAILS to include the following response procedures:
- 9.4(g)3i Use of personnel safety equipment. \_\_\_\_\_
- 9.4(g)3ii Procedures for using facility emergency and monitoring equipment. \_\_\_\_\_
- 9.4(g)3iii Key parameters for automatic waste feed cut-off systems. \_\_\_\_\_
- 9.4(g)3iv Procedures for utilizing communications or alarm systems. \_\_\_\_\_
- 9.4(g)3v Responds procedures for fires & explosions. \_\_\_\_\_
- 9.4(g)3vi Ground water contamination responds procedures. \_\_\_\_\_
- 9.4(g)3vii Shutdown procedures. \_\_\_\_\_
- 9.4(g)4 Personnel have NOT successfully completed training within six months of the date of their employment or assignment to a new position at the facility. \_\_\_\_\_
- 9.4(g)5 Personnel do NOT take part in an annual review of training. \_\_\_\_\_
- 9.4(g)6 NO written documentation of the following:
- 9.4(g)6i Job title for each position and the name of the employee filling each job. \_\_\_\_\_





SECTION 12.PREPAREDNESS AND PREVENTION

IS THE FACILITY IN COMPLIANCE WITH THE  
PREPAREDNESS & PREVENTION REGULATIONS?

YES NO

✓       

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

- 
- 9.6(b) Facility FAILS to have:
- 9.6(b)1 Communications or alarm system.
- 9.6(b)2 A telephone or device to summon  
emergency assistance.
- 9.6(b)3 Portable emergency equipment.
- 9.6(b)4 Adequate Water supply.
- 9.6(c) Generator FAILED to test and  
maintain emergency equipment.
- 9.6(f) Generator FAILED to:
- 9.6(f)1 Familiarize Police, fire depart-  
ments, and emergency response  
teams with the layout of the  
facility, & hazardous waste handled.
- 9.6(f)2 Have an agreement designating  
primary emergency authority to a  
specific police and fire department  
where more than one Police and fire  
department are involved.
- 9.6(f)3 Make agreements with emergency  
response contractors, and  
equipment supplier.
- 9.6(f)4 Make arrangements to familiarize  
local hospitals with the properties  
of hazardous waste handled at the  
facility and the types of injuries  
result from fires, explosions,  
or discharges at the facility.
- 9.6(f)5 Make arrangements with local fire  
departments to inspect the  
facility on a regular basis with  
at least two (2) inspections  
annually.

9.6(f)6

Document when authorities identified in (f)1 through 5 above declined to enter into such arrangements.

**COMMENTS :**

1. The first step in the process of the scientific method is to make an observation or ask a question.

2. Next, a hypothesis is made, which is an educated guess about what the answer will be.

3. Then, the hypothesis is tested by conducting an experiment.

4. After the experiment, the results are analyzed to see if they support the hypothesis.

5. Finally, a conclusion is drawn based on the results of the experiment.

SECTION 13.WASTE WATER TREATMENT PLANT SLUDGE

YES NO

IS THE FACILITY IN COMPLIANCE WITH THE WWTP  
REQUIREMENTS?

Not Applicable

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

If the answer is YES to any of the questions listed below, the sludge drying unit is subject to Hazardous Waste Facility permit requirements and must be regulated as a Miscellaneous Unit pursuant to N.J.A.C. 7:26-10.9 et seq. The generator is operating as an illegal TSDF and SHOULD BE CITED for being in violation of N.J.A.C. 7:26-12.1(A).

1. "WASTE WATER TREATMENT UNIT" QUALIFICATION PER  
7:14A-4.3

The drying unit is NOT part of a waste water treatment facility which is subject to regulation under Section 402 or Section 307(b) of the federal Clean Water Act.

Note: In order to be considered "part of" the facility, the dryer need not be physically connected to the W.W.T. facility, but must be located at the same site.

The drying unit does NOT treat a sludge which is generated on-site by the wastewater treatment facility.

The sludge is NOT to be treated as a regulated hazardous waste as defined at N.J.A.C. 7:26-8.

The drying unit does NOT meet the definition of a "tank" at N.J.A.C. 7:14A-4.3.

Note: "Tank" means a stationary device designed to contain an accumulation of hazardous waste and constructed of non-earthen materials which provide the structural strength to totally contain the waste. Dryers that are integrally equipped with feed or discharge hoppers for treatment of sludge in bulk satisfy the definition of "tank". Others not so designed may still be considered tanks on a case-by-case bases.

2. PRIMARY PURPOSE RESTRICTION

The primary purpose of the dryer is NOT to dehydrate sludge, BUT TO destroy sludge to produce an ash residue.

### 3. THERMAL INPUT LIMITATION:

The dryer's maximum total thermal input, excluding the heating value of the sludge itself, IS MORE than 2,500 BTU's per pound of sludge treated on a wet-weight bases.

Note: Total thermal input equals dryer heating capacity (converted to btu/min) multiplied by the maximum drying time divided by weight of sludge per batch.

use the space provided below to determine the total thermal input.

**COMMENTS :**

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**EPA. ID. #:** \_\_\_\_\_ **INSPECTION DATE:** \_\_\_\_\_

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

DFWE 29  
REV 01/12/93

## INSPECTOR'S MULTI-MEDIA CHECKLIST

Facility Name: ENCAPSULATIONS, INC. / CHASE LABORATORIES

Facility Address: Encapsulations  
280 Chestnut Street  
Newark, NJ

Facility ID No.: Encapsulations = Non-Notifier / Chase Labs = NJD05352223)

Inspector's Name: Michelle Stowers Sonnenfeldt (Science Applications  
International Corp.

Inspector's Phone: (703) 821-4300 Division/Branch: SAIC - subcontractor

Date of Inspection: Nov. 2, 1993





## **INSPECTORS' MULTI-MEDIA CHECKLIST**

### **GENERAL VISUAL CUES OF POSSIBLE NONCOMPLIANCE WARRANTING FURTHER INQUIRY**

1. Sloppy housekeeping or poor maintenance in work and storage areas or laboratories.
2. Stains or discoloration of soil, concrete, or floors in work areas.
3. Distressed vegetation - unhealthy, discolored, or dead.
4. Dark smoke or dust clouds, or smoke coming from other than a smoke stack.
5. Unusual odors or strong chemical smells.
6. Sheen on surface waters.

### **CHECK IT OUT!**

1. If you see or hear something suspicious during an inspection, check it out! Ask probing questions:
  - What is it? Is it a waste product?
  - What process produced it?
  - Has it been tested?
  - Where do you normally dispose of it?
  - Do you have a permit for the disposal?
  - How long has the circumstance existed?
  - When did it begin?
2. Pay attention to the situation.
  - Note amount of pollutant that appears to be involved.
  - Note the location.
  - Take notes describing the situation, noting the source of the pollutant and its emission point.
  - Take photographs.

### **PROGRAM-SPECIFIC QUESTIONS**

Refer to program-specific questions in Attachment A appropriate for the facility you are inspecting.

### **REPORTING POSSIBLE NONCOMPLIANCE**

Throughout this checklist, there are YES/NO questions. If you place an answer in a field marked with an asterisk (\*), this means you should promptly refer the matter to the appropriate Region II program office. After you return from your inspection, immediately let your supervisor know that you observed possible noncompliance in another program area during your inspection. The information should then be referred to the appropriate Section Chief listed on Attachment B.

## UNDERGROUND STORAGE TANKS (UST)

**Ask:**

1. Does the facility have regulated USTs? ☒ YES ☐ NO

[A regulated UST has more than 10% of tank volume, including piping, located underground; and contains petroleum products or hazardous substances (as defined under CERCLA). Note: USTs containing fuel oil for on-site heating are exempt from UST requirements.]

**If YES, ask:**

*Reportedly registered & tagged.*

2. Are the USTs registered with the State? ☒ YES ☐ NO\*
3. What kind of petroleum product or hazardous substance does UST contain? *petroleum hydrocarbons*
4. Is there any evidence of UST leakage/spillage? ☒ YES\* ☐ NO
5. When was the UST installed? *see comment*
6. All USTs must have leak detection according to the following schedule:

<u>Installation Date</u>	<u>Leak Detection By December of--</u>
Before 1965 or unknown	1989
1965 - 1969	1990
1970 - 1974	1991
1975 - 1979	1992
1980 - Dec. 1988	1993

All USTs installed after December 1988 must currently be equipped with leak detection.

Leak detection systems include monitoring wells (water or vapor), automatic tank gauging system, interstitial monitoring, manual tank gauging or inventory control plus tank tightness testing.

7. Is some form of leak detection in use for every UST required (based on above schedule) to have it? ☒ YES ☐ NO\*
8. Are required records available on-site (e.g., documenting registration and leak detection)? *Did not evaluate.* ☐ YES ☐ NO\*

*Fac. has been doing groundwater monitoring of leaks from USTs as part of a previous ECRA investigations. Details not avail. Not enough time allotted.*

**REFER to program office if you check an answer marked with \*.**

*Records may be under "Iroquois", a holding company until 1989, that conducted the ECRA investigation.*

# **AIR** **Stationary Source Compliance**

1. With sun **BEHIND** you, observe: Is opaque smoke being emitted from a smokestack, vent or opening? ☐ YES\* ☒ NO

["Opaque smoke" is smoke -- not steam -- dark enough to obscure anything behind the plume for five minutes or more. (Steam dissipates at a given point; smoke trails off.) The sun (if not obscured by clouds) should be in a 140° arc behind the observer. Please note whether sun was obscured; if sun was not obscured, note the relative positions of the sun, the observer and the emission point observed.]

2. If YES, ask:

A. Which process or process line is smoke coming from? (Try to be specific, e.g., "Boiler No. 4" or "Coating Line C").

B. What is the cause of the smoke emission? E.g.--

i. Is any air pollution control equipment out of service or turned off while production is ongoing? ☐ YES ☐ NO

ii. If YES: When will it be back on line? \_\_\_\_\_

iii. Is the facility operating under an unusual load, using different fuels, or process feed materials? ☐ YES ☐ NO

C. Note color of smoke: \_\_\_\_\_

3. A. Has the facility added any processes or expanded any pre-existing processes in the last two years? ☐ YES ☒ NO

B. If YES: Did the facility obtain any state or federal air pollution permits for the expansion? ☐ YES ☐ NO\*

4. A. Does the facility have any coating or printing operations? ☐ YES ☒ NO

B. If YES:

ii. Are the coatings or inks used: ☐ water-based or ☐ solvent-based?

i. If solvent based, are all process lines controlled, or are coating formulations in use which comply with applicable limits? ☐ YES ☐ NO\*

iii. What are the principal solvents or chemical compounds used in process lines? \_\_\_\_\_  
(Ask for copies of MSDS, if available.)

REFER to program office if you check an answer marked with \*.

**AIR, Continued**

5. **Observe:** Are there strong solvent odors at the facility? ☐ YES\* ☒ NO
7. Does the facility emit any of the following pollutants: mercury, beryllium, lead or asbestos? ☐ YES\* ☒ NO
8. A. Does the facility emit, or use in its processes, vinyl chloride or benzene? ☐ YES\* ☒ NO
- B. **If YES:**
- i. From which process lines? \_\_\_\_\_
- ii. Does the facility check for leaks on such process equipment? ☐ YES ☐ NO\*
9. A. Has the facility undergone any renovations or demolitions during the last 18 months which involved the removal or disturbance of asbestos-containing materials? ☐ YES ☐ NO
- If YES:**
- B. Approximately how many square feet or linear feet of asbestos-containing materials were removed? \_\_\_\_\_
- C. If the amount exceeded 260 linear feet, or 160 square feet, \*REFER\* to Air program office; **and Ask:** was EPA notified of removal? ☐ YES ☐ NO\*

\* \* \* \* \*

**RADIATION****Ask:**

1. Are any radioactive materials used or stored at this facility? ☐ YES ☒ NO
2. **If YES,** does the facility have a state or federal radiation license? ☐ YES ☐ NO\*

REFER to program office if you check an answer marked with \*.



**WATER****NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
And PRE-TREATMENT/UNDERGROUND INJECTION CONTROL (UIC)**

1. **Observe/Ask:** Does the facility dispose of any wastewater (e.g., from its manufacturing processes, wash water or other industrial wastes)? ☒ YES ☐ NO
  2. **If yes:** Does the facility discharge wastewater into a--
    - receiving stream? ☐ YES ☒ NO
    - municipal sewer (sanitary or storm) system? ☒ YES ☐ NO
    - subsurface disposal system (septic system, drywell or cesspool)? ☐ YES ☒ NO
- As applicable, ascertain the name of the stream or sewer system.
3. An NPDES permit is required for discharge to a waterbody; a pretreatment permit is usually issued by the municipality authorizing the discharge to a sanitary sewer system; and a UIC permit is required for subsurface disposal. Does the facility have a permit for each discharge? ☐ YES ☐ NO\*
  4. Does the facility treat wastewater prior to discharge? ☐ YES ☐ NO
  5. **Observe:** *Did not observe.*
    - a. Is the effluent from the wastewater treatment facilities clear and free of solids? ☐ YES ☐ NO\*
    - b. Is equipment clean and well maintained? ☐ YES ☐ NO\*
    - c. Are there any unusual odors? ☐ YES\* ☐ NO
  6. **Ask:** Is the effluent currently in compliance with the limitations established in the permit, or the terms of an administrative or judicial compliance order? ☐ YES ☐ NO\*

*Fac. has an industrial wastewater discharge permit with the Passaic Valley Sewer Commission*

**REFER to program office if you check an answer marked with \*.**

NPDES and UIC, Continued7. **Observe/Ask:**

- a. How are waste fluids disposed of?
- b. Does the facility have floor or storm drains? ☐ YES ☐ NO

If YES:

Is there fluid in the drains? Is there evidence (staining, etc.) of fluid entering drains? Are storm drains situated so that they could receive spills from truck loading accidents, etc?

- c. Does the facility operator indicate, or is there any evidence that any wastewater, or wastes/spills go into drains? ☐ YES\* ☐ NO

PUBLIC WATER SUPPLY

1. **Observe/Ask:** Does the facility have its own water supply (i.e., a well)? ☐ YES ☒ NO
2. **If YES:** Does the facility provide potable water for 25 or more persons? ☐ YES ☐ NO
3. **If YES:** Is the facility sampling and analyzing for contaminants in its water supply and reporting the results to the state? ☐ YES ☐ NO\*

REFER to program office if you check an answer marked with \*.

**EMERGENCY PLANNING AND COMMUNITY RIGHT-TO-KNOW ACT (EPCRA)****EMERGENCY PLANNING and COMMUNITY RIGHT TO KNOW****ASK:***Not enough time to evaluate.*

1. A. Does the facility have present any of the 360 "Extremely Hazardous Substances" in excess of established threshold planning quantities? ☐ YES ☐ NO  
 [Threshold planning quantities are established by regulation, vary by chemical, and range from 1 lb. to 5000 lbs.]
  - B. If YES: Was the State Emergency Response Commission (SERC) and Local Emergency Planning Committee (LEPC) notified of their presence for local planning purposes? ☐ YES ☐ NO\*
2. A. Has the facility had a release of an Extremely Hazardous Substance or a CERCLA hazardous substance in excess of the Superfund reportable quantity? ☐ YES\* ☐ NO  
 [Reportable quantities vary by substance, ranging from 1 lb. to 5000 lbs. For the purpose of this checklist, assume 1 lb.]
  - B. If YES: Was notification of the release provided? ☐ YES ☐ NO\*
  - C. If YES:
    - i. To whom was the notification given?
    - ii. Was notification oral or written?
    - iii. If oral, was a written, follow-up report submitted? ☐ YES ☐ NO\*
 [If facility cannot identify to whom notification was given, cannot specify whether notification was written or oral, or is not certain whether oral notification was followed by a written follow-up report, \*REFER\*.]
3. A. Does the facility have on site Material Safety Data Sheets (MSDS) for all hazardous chemicals used, as required under OSHA's Hazard Communication Standard? ☐ YES ☐ NO\*
  - B. If any hazardous chemicals are present in excess of 10,000 lbs., or Extremely Hazardous Substances are present in excess of the threshold planning quantities, have the MSDS (or a list of MSDS), along with chemical inventory forms, been submitted to state and local emergency planning authorities and the local fire department? ☐ YES ☐ NO\*

REFER to program office if you check an answer marked with \*.

EPCRA, ContinuedTOXIC RELEASE INVENTORY (TRI)

Ask:

*Did not evaluate - not enough time.*

1. Does the facility have 10 or more full-time employees? ☒ YES ☐ NO
2. Is the facility classified under SIC codes 20 through 39? ☐ YES ☐ NO

If the response to either 1. or 2. is "NO," no further questions are required.

3. If both 1. and 2. are YES:

Did the facility use more than 10,000 lbs. of a chemical during a previous calendar year (starting with 1987). ☐ YES ☐ NO

4. If YES:

Did the facility file a Section 313 Toxic Chemical Release Inventory Form R for the chemical? ☐ YES ☐ NO\*

For more EPCRA information, call 1-800-535-0202; or the Region II program offices for EPCRA-Emergency Planning and Community Right To Know at 908-321-6194 or for EPCRA-Toxic Release Inventory at 908-906-6890.

REFER to program office if you check an answer marked with \*.



# **TOXIC SUBSTANCES CONTROL ACT (TSCA)**

**Ask:**

1. A. Does the facility use electrical equipment that contains polychlorinated biphenyls (PCBs) (excluding small capacitors and florescent light ballasts)? \_\_\_YES\* ☒ NO
- B. IF YES:
  - i. How many oil filled electrical transformers does the facility have?
  - ii. How many PCB Transformers does the facility have (transformers which contain PCBs at concentrations of 500 ppm or greater)?
2. A. Does the facility have any high temperature hydraulic systems? \_\_\_YES ☒ NO
- B. If YES:
  - i. Have PCBs ever been used in these systems? \_\_\_YES\* \_\_\_NO
  - ii. What is the current PCB concentration in these systems?
3. A. Does the facility have any oil filled heat transfer systems? \_\_\_YES \_\_\_NO
- B. If YES:
  - i. Have PCBs ever been used in these systems? \_\_\_YES\* \_\_\_NO
  - ii. What is the current PCB concentration in these systems?
4. A. **OBSERVE** PCB Items (transformers, capacitors, containers)
  - Are any leaking? \_\_\_YES\* \_\_\_NO
  - Do all have a PCB label? \_\_\_YES \_\_\_NO\*
5. A. **ASK:** Does the facility have a PCB storage for disposal area? \_\_\_YES\* \_\_\_NO
- B. If YES, **OBSERVE** the PCB storage area. Does it have --
  - PCBs stored for disposal in it? \_\_\_YES\* \_\_\_NO
  - a roof and walls to keep out rain? \_\_\_YES \_\_\_NO\*
  - a 6" high impervious containment berm? \_\_\_YES \_\_\_NO\*
  - a PCB label? \_\_\_YES \_\_\_NO\*
  - Is it in the 100-year flood plain? \_\_\_YES\* \_\_\_NO
  - Do all items show the date "removed from service for disposal"? \_\_\_YES \_\_\_NO\*

**REFER to program office if you check an answer marked with \*.**

**TSCA, Continued**

6. **ASK:** Does the facility manufacture or import into the United States "new commercial chemicals" [*i.e.*, chemicals which were not previously manufactured in or imported into the United States]? ☐ YES\* ☒ NO

[Note: Specific information on such chemicals is protected by TSCA as Confidential Business Information, and should not be obtained.]

For further TSCA information, call the TSCA Assistance Office in Washington at 202-554-1404 or the Region II TSCA program office at 908-321-6759.

\* \* \* \* \*

**SPILL PREVENTION, CONTROL AND COUNTERMEASURE (SPCC)****Ask:**

1. A. Does the facility store oil? ☐ YES ☐ NO  
 [Note that oil is not limited to petroleum products; for example, vegetable oil is covered.]  
 B. If YES, does the storage capacity exceed --
  - i. 660 gallons in any one above-ground tank? ☐ YES ☐ NO
  - ii. 1320 gallons in all above-ground tanks? ☐ YES ☐ NO
  - iii. 42,000 gallons in underground tank(s)? ☐ YES ☐ NO
2. If the answer to any part of #1. B. was YES, does the facility have a Spill Prevention, Control, and Countermeasure (SPCC) Plan? ☐ YES ☐ NO\*
3. Did the facility have an oil spill within the last 12 months? ☐ YES\* ☐ NO

REFER to program office if you check an answer marked with \*.

**WETLANDS****1. Observe:**

- A. Are there any wet areas (i.e., marshes, swamps, bogs) on or adjacent to the site, with or without wetlands-type vegetation such as cattails, rushes, or sedges? ☐ YES ☒ NO

[Sketches of several common wetlands plants are attached. Note that there need not be standing water in order for an area to be designated a federal wetland; and some wetlands have shrubs and trees present.]

- B. Are there any waterbodies or waterways on or adjacent to the site? ☐ YES ☒ NO

2. If answer to # 1. A or B was "YES," is there any work (clearing, filling, dredging, ditching, construction on or over the area, etc.) being conducted in these areas, or is there any evidence that such activities have occurred very recently? ☐ YES ☐ NO

**3. If YES:**

- A. When was the work undertaken? \_\_\_\_\_

- B. Does the facility have any permits for this work? ☐ YES ☐ NO\*

**4. If YES:**

- A. What agency(s) issued such permits? \_\_\_\_\_  
(E.g., U.S. Army Corps of Engineers; State environmental agency.)

- B. For any federal permits, what specific type of permits are they (i.e., nationwide, regional, individual)? \_\_\_\_\_

If facility is unable to provide adequate information in response to # 4., \*REFER\* to program office.

REFER to program office if you check an answer marked with \*.

***Scirpus cyperinus* B. Michx.**  
Wool-grass or Woolly Sedge

**Range.** Newfoundland to Saskatchewan, south to North Carolina and Oklahoma.  
**Habitat.** Marshes, wet meadows, and ditches.

**General characteristics.** Plants up to 5 feet tall, growing in small groups; stem with long, narrow, rigid leaves; flowers crowded into small, oval, woolly spikelets in loose, drooping clusters at the tip of the stem.

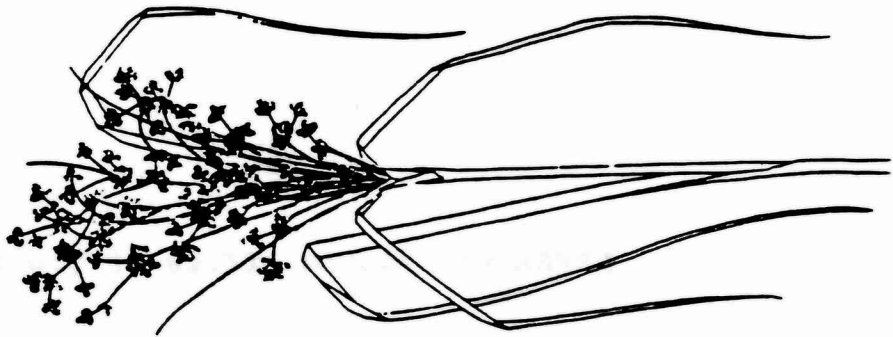
**Stem.** Upright, bluntly triangular, up to 1/4-inch thick, from a fibrous rooted base.

**Leaves.** Stem leaves up to 16 inches long and 1/4-inch wide; those immediately below the flower clusters three to five, sheaths closed except at summit.

**Inflorescence.** Flowers inconspicuous in the axils of the overlapping scales of the brownish spikelets; spikelets in clusters of six to twelve at the ends of long, somewhat drooping branches, flower clusters up to 13 inches long, much-branched, flowering during August-September.

**Fruit.** A whitish, seed-like merlet with bristles much longer than the scales attached to the base; the bristles impart the woolly appearance to the spikelets.

x 1/4



***Carex lurida* Wahlb.**  
Sedge

**Range.** Nova Scotia to Minnesota, south to Florida and Mexico.

**Habitat.** Wet meadows, marshes, ditches, edges of pools and ponds.

**General characteristics.** Plants up to 3 feet tall, generally growing in dense clumps; stems bearing several long, narrow leaves with rough surfaces, male and female flowers in separate spikes, the latter in the axils of the uppermost leaves.

**Stem.** Sharply three-angled and smooth, from a fibrous rooted base.

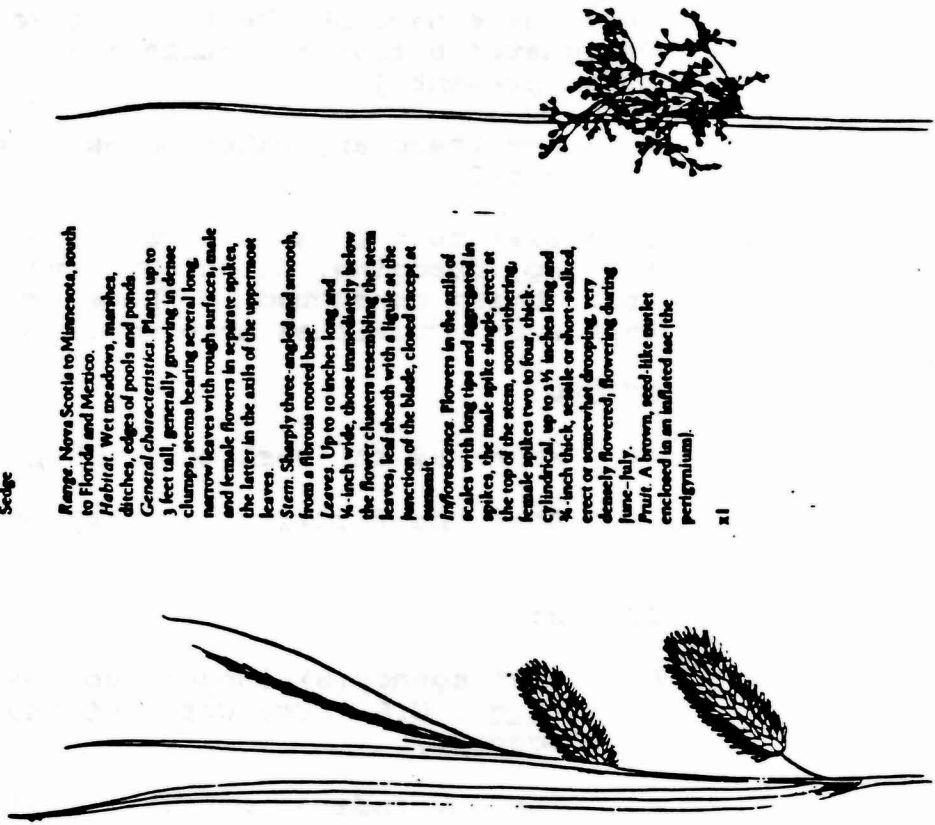
**Leaves.** Up to 10 inches long and 1/4-inch wide; those immediately below the flower clusters resembling the stem leaves, leaf sheath with a ligule at the junction of the blade; closed except at summit.

**Inflorescence.** Flowers in the axils of scales with long tips and aggregated in spikes, the male spike single, erect at the top of the stem, soon withering; female spikes two to four, thick.

**Female spikes.** Up to 3 1/2 inches long and 1/4-inch thick, sessile or short-stalked, erect or somewhat drooping, very densely flowered, flowering during June-July.

**Fruit.** A brown, seed-like merlet enclosed in an inflated sac (the perigynium).

x 1



**JUNCACEAE**  
Rush Family  
***Juncus effusus* L.**  
Soft Rush

**Range.** Throughout southern Canada and the United States.

**Habitat.** Wet meadows, marshes, edges of ponds and bogs, shallow water.

**General characteristics.** Grass-like plants up to 5 feet tall, apparently leafless, in tufts up to several hundred stems; flowers in loose clusters borne on the side of the stem up to one-third of the way down from the tip.

**Stem.** Upright, soft and green, flaccid, arising from a stout rhizome hidden among the roots.

**Leaves.** Without blades, represented by sheaths at the base of the stem.

**Inflorescence.** Flowers small and greenish to brown with three scale-like, pointed sepals and three similar petals, numerous, flower clusters with many forking branches of variable length, the flowers at the tip of the smaller branches, flowering during July-August.

**Fruit.** A brownish capsule with three partitions containing many seeds. Commonly confused species: *Scirpus* spp. (Buttricks), rushes may be distinguished from bulrushes by the fact that the fruits consist of capsules in the former group and nutlets in the axils of spikelet scales in the latter group.

**Similar species.** *Juncus ornamentalis*, *J. filiformis*, *J. balticus*, *J. strigosus*, *J. repens*, *J. marginatus*, *J. biflorus*, *J. nodosus*, *J. scirpoides*, *J. brachycarpus*, *J. brevicaudatus*, *J. brachycapellatus*, *J. acuminatus*, *J. debilis*, *J. militaris*, *J. articulatus*, *J. polycarpus*, *J. subulatus*.

x 1/2

Attachment B

REGION II MEDIA PROGRAM SECTION CHIEFS (and Alternate Contacts)

RCRA: Joel Golumbek (NJ, Caribbean), 264-2638  
John Gorman (NY), 264-2621

AIR (Except Asbestos): Karl Mangels (NY), 264-6684  
Jehuda Menczel (NJ, Caribbean), 264-6680

AIR/ASBESTOS: Robert Fitzpatrick, 264-6770

UST: Dit Fai Cheung, 264-6069

TSCA: Dan Kraft, 340-6669  
Dave Greenlaw, 340-6817

EPCRA: For Toxic Release Inventory: Dan Kraft, 340-6669  
Nora Lopez, 340-6890

For Emergency Planning & Community Right-to-Know:  
John Higgins, 340-6194

SPCC: Doug Kodama, 340-6905

Federal Facilities: John Fillipelli, 264-6723

NPDES and Pretreatment: John Kushwara, 264-9878

UIC: Frank Brock, 264-1547

Public Water Supply: Robert Williams, 2164-3409

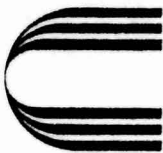
Wetlands: Daniel Montella, 264-5170

Removal Actions: Richard Salkie, 340-6658  
Bruce Sprague, 340-6656  
John Witkowski, 340-6991

Radiation: Paul Giardina, 264-4110  
Mindy Pensak, 264-4418  
Florie Caporuscio, 264-0503

Section Chiefs should contact their appropriate counterpart(s) on the above list concerning potential violations.





**CHASE**  
Laboratories, Inc.  
280 Chestnut Street  
Newark, New Jersey 07105  
(201) 589-8181  
FAX (201) 589-8709

January 15, 1991

State of N.J. Dept. of Environmental Protection  
Division of Hazardous Waste Management  
Manifest Section  
CN028  
Trenton, NJ 08625

Attention: Ms. Dullea

Dear Ms. Dullea:

Please be advised that our company name has been changed from Chase Chemical Company to Chase Laboratories, Inc. effective immediately. The address and phone remain the same.

Kindly change your records accordingly. Thank you.

Sincerely,

Philip Caprara  
Assistant Traffic Manager

PC/ma





Site Name CHASE LABORATORIES  
  
  
EPA ID No. N J D 0 5 3 5 2 2 2 3 1

**OFFICIAL USE ONLY**

Ann. Fee

RA

Date

Rec'd By

**1991 FEE VERIFICATION WORKSHEET**

**INSTRUCTIONS:** Complete the below fee category information. If your site is required to submit a fee, then attach the check were indicated.

---

Attach check here (do not send cash)

Make Payable to: Treasurer State of New Jersey

Mail Report to: NJDEPE, Bureau of Revenue  
CN417  
428 East State Street  
Trenton, NJ 08625-0417  
Attention: Manifest Section

---

**Fee Category**

- ☐ No Fee      This site (company) manifested less than 1.33 tons of hazardous waste for the calendar year .
- ☐ \$200.00      This site (company) manifested 1.33 tons or more of hazardous waste but less than 10 tons of hazardous waste during the calendar year.
- ☒ \$300.00      This site (company) manifested 10 tons or more of hazardous waste but less than 100 tons of hazardous waste during the calendar year.
- ☐ \$400.00      This site (company) manifested 100 tons or more of hazardous waste during the calendar year.
- ☐ \$\_\_\_\_\_      Other, the attached check is for multiple sites as identified on the reverse side of this form.

BEFORE COPYING FORM,  
ENTER:

SITE NAME CHASE LABORATORIES

EPA ID NO.

WJPD 053 522 231

1991 Hazardous Waste Report

FORM

IC

IDENTIFICATION AND  
CERTIFICATION

**INSTRUCTIONS:** Read the detailed instructions beginning on page 6 of the 1991 Hazardous Waste Report booklet before completing this form.

**SEC. I** Site name and location address. Complete items A through H. Check the box ☒ in items A, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instruction page 6

A. EPA ID No. Same as label <input type="checkbox"/> or <input checked="" type="checkbox"/> <u>WJPD</u> <u>053</u> <u>522</u> <u>231</u>		B. County <u>ESSEX</u>
C. Site/company name Same as label <input type="checkbox"/> or <input checked="" type="checkbox"/> <u>CHASE LABORATORIES</u>		D. Has the site name associated with this EPA ID changed since 1989? <input checked="" type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
E. Street name and number. If not applicable, enter industrial park, building name or other physical location description. Same as label <input type="checkbox"/> or <input checked="" type="checkbox"/> <u>280 CHESTNUT ST</u>		
F. City, town, village, etc. Same as label <input type="checkbox"/> or <input checked="" type="checkbox"/> <u>NEWARK</u>	G. State Same as label <input type="checkbox"/> or <input checked="" type="checkbox"/> <u>NJ</u>	H. Zip Code Same as label <input type="checkbox"/> or <input checked="" type="checkbox"/> <u>07105</u> - <u>    </u> <u>    </u>

**SEC. II** Mailing address of site. Instruction page 6

A. Is the mailing address the same as the location address? <input checked="" type="checkbox"/> 1 Yes (SKIP TO SEC. III) <input type="checkbox"/> 2 No (GO TO BOX B)		
B. Number and street name of mailing address		
C. City, town, village, etc.	D. State <u>    </u> <u>    </u>	E. Zip Code <u>    </u> <u>    </u> - <u>    </u> <u>    </u>

**SEC. III** Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instruction page 6

A. Please print: Last name <u>CAPRARA,</u>	First name <u>PHILIP</u>	M.I. <u>    </u>	B. Title <u>ASST,</u> <u>TRAFFIC MGR</u>	C. Telephone <u>201</u> <u>151</u> <u>819</u> - <u>8</u> <u>118</u> <u>11</u> Extension <u>7109</u> <u>11</u>
---	-----------------------------	---------------------	--	---

**SEC. IV** Enter the Standard Industrial Classification (SIC) Code that describes the principal products, group of products, produced or distributed, or the services rendered at the site's physical location. Enter more than one SIC Code only if no one industry description includes the combined activities of the site. Instruction page 7

A. <u>2</u> <u>8</u> <u>3</u> <u>4</u>	B. <u>    </u> <u>    </u> <u>    </u> <u>    </u>	C. <u>    </u> <u>    </u> <u>    </u> <u>    </u>	D. <u>    </u> <u>    </u> <u>    </u> <u>    </u>
---	---	---	---

**SEC. V** "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations."

A. Please print: Last name <u>CAPRARA,</u>	First name <u>PHILIP</u>	M.I. <u>    </u>	B. Title <u>ASST TRAFFIC MGR</u>
C. Signature			D. Date of signature <u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u> MO. DAY YR.

Page 1 of 14

OVER -->

BEFORE COPYING FORM,  
ENTER:

SITE NAME CHASE LABORATORIES

EPA ID NO.

115D053522231

FORM

OI

1991 Hazardous Waste Report

OFF-SITE IDENTIFICATION

**INSTRUCTIONS:** Read the detailed instructions on the back of this page before completing this form.

<b>Site 1</b>	A. EPA ID No. of off-site installation or transporter <u>115D053522231</u>	B. Name of off-site installation or transporter <u>LIONETTI OIL RECOVERY INC.</u>
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR	D. Address of off-site installation Street <u>RUNYON &amp; CHEESEQUAKE RDS</u> City <u>OLD BRIDGE</u> State <u>NJ</u> Zip Code <u>08857</u>	
<b>Site 2</b>	A. EPA ID No. of off-site installation or transporter <u>115D0902200946</u>	B. Name of off-site installation or transporter <u>CYCLE CHEM., INC</u>
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR	D. Address of off-site installation Street <u>217 SO. FIRST ST</u> City <u>ELIZABETH</u> State <u>NJ</u> Zip Code <u>07201</u>	
<b>Site 3</b>	A. EPA ID No. of off-site installation or transporter <u>115D09822811916</u>	B. Name of off-site installation or transporter <u>CLEAN VENTURE, INC</u>
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of off-site installation Street _____ City _____ State _____ Zip Code _____	
<b>Site 4</b>	A. EPA ID No. of off-site installation or transporter _____	B. Name of off-site installation or transporter _____
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of off-site installation Street _____ City _____ State _____ Zip Code _____	
<b>Site 5</b>	A. EPA ID No. of off-site installation or transporter _____	B. Name of off-site installation or transporter _____
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of off-site installation Street _____ City _____ State _____ Zip Code _____	

Comments:

BEFORE COPYING FORM,  
ENTER:

SITE NAME CHASE LABORATORIES

EPA ID NO.

UJD 053 522 231

1991 Hazardous Waste Report

FORM  
GM

WASTE GENERATION AND  
MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1991 Hazardous Waste Report booklet before completing this form.

Sec.  
I

A. Waste description  
Instruction Page 15

ORM-A STILL BOTTOM FROM DEGREASING GELATIN NETTING, MIXTURE  
OF MINERAL OIL AND PERCHLORETHYLENE

B. EPA hazardous waste code  
Page 15

F991 0039

C. State hazardous waste code  
Page 15

4415

D. SIC code  
Page 16

2834

E. Origin code  
Page 16

11

System type

MI NA

F. Source code  
Page 17

A133

G. Point of measurement  
Page 17

8

H. Form code  
Page 17

B1691

I. RCRA-radioactive mixed  
Page 17

2

J. Reported TRI constituent  
Page 18

1

K. CAS numbers  
Page 18

1. 1. 2. 3. 4. 5.

Sec.  
II

A. Quantity generated in 1990  
Instruction Page 18

3630.0

B. Quantity generated in 1991  
Page 18

3465.0

C. UOM Density  
Page 19

5

OK

☐ 1 lbs/gal ☐ 2 sg

D. Did this site do any of the following to this  
waste: treat on site, dispose on site, recycle  
on site, or discharge to a sewer/POTW?  
Page 19

☐ 1 Yes (CONTINUE TO SYSTEM 1)  
☒ 2 No (SKIP TO SEC. III)

ON-SITE SYSTEM 1

On-site system type  
Page 19

MI

Quantity treated, disposed or recycled on site in 1991

1. 2. 3. 4. 5.

ON-SITE SYSTEM 2

On-site system type  
Page 19

MI

Quantity treated, disposed or recycled on site in 1991

1. 2. 3. 4. 5.

Sec.  
III

A. Was any of this waste shipped off site in 1991?  
Instruction Page 20

☒ 1 Yes (CONTINUE TO BOX B)  
☐ 2 No (SKIP TO SEC. IV)

Site  
1

B. EPA ID No. of facility waste was shipped to  
Page 20

UJD 002 200 046

C. System type shipped to  
Page 20

MI 023

D. Off-site availability code  
Page 21

1

E. Total quantity shipped in 1991  
Page 21

3465.0

Site  
2

B. EPA ID No. of facility waste was shipped to  
Page 20

1. 2. 3. 4. 5.

C. System type shipped to  
Page 20

MI

D. Off-site availability code  
Page 21

1

E. Total quantity shipped in 1991  
Page 21

1. 2. 3. 4. 5.

Sec.  
IV

A. Did new activities in 1991 result in minimization of this waste?  
Instruction Page 22

☐ 1 Yes (CONTINUE TO BOX B)  
☒ 2 No (THIS FORM IS COMPLETE)

B. Activity  
Page 22

W 1. W 2.

C. Other effects  
Page 22

☐ 1 Yes  
☐ 2 No

D. Quantity recycled in 1991 due to new activities  
Page 23

1. 2. 3. 4. 5.

E. Activity/production index  
Page 23

1. 2. 3. 4. 5.

F. 1991 Source reduction quantity  
Page 24

1. 2. 3. 4. 5.

Comments:

BEFORE COPYING FORM,  
ENTER:

SITE NAME CHASE LABORATORIES

EPA ID NO.

UJD 053 522 231

FORM  
GM

1991 Hazardous Waste Report

WASTE GENERATION AND  
MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1991 Hazardous Waste Report booklet before completing this form.

Sec. I	A. Waste description Instruction Page 15 FLAMMABLE STILL BOTTOM FROM DEGREASING OF GELATIN CAPSULES, MIXTURE OF HEPTANE/HEXANE, MINERAL OIL AND VITAMIN OIL				
B. EPA hazardous waste code Page 15 D 001		C. State hazardous waste code Page 15 NA			
D. SIC code Page 18 2834	E. Origin code Page 18 System type MI NA	F. Source code Page 17 A33	G. Point of measurement Page 17 B	H. Form code Page 17 B 602	
I. RCRA-radioactive mixed Page 17 2		J. Reported TRI constituent Page 18 1			
K. CAS numbers Page 18		1. - - - - - 2. - - - - - 3. - - - - - 4. - - - - - 5. - - - - -			

Sec. II	A. Quantity generated in 1990 Instruction Page 18 1210.0	B. Quantity generated in 1991 Page 18 1650.0	C. UOM Page 19 5 DK	D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 19 <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM I) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
ON-SITE SYSTEM 1 On-site system type Page 19 MI		ON-SITE SYSTEM 2 On-site system type Page 19 MI		

Sec. III	A. Was any of this waste shipped off site in 1991? Instruction Page 20 <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (SKIP TO SEC. IV)			
Site 1	B. EPA ID No. of facility waste was shipped to Page 20 UJD 002 200 046	C. System type shipped to Page 20 MI 061	D. Off-site availability code Page 21 1	E. Total quantity shipped in 1991 Page 21 1650.0
Site 2	B. EPA ID No. of facility waste was shipped to Page 20	C. System type shipped to Page 20	D. Off-site availability code Page 21	E. Total quantity shipped in 1991 Page 21

Sec. IV	A. Did new activities in 1991 result in minimization of this waste? Instruction Page 22 <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE)			
B. Activity Page 22 W W W W	C. Other effects Page 22 <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	D. Quantity recycled in 1991 due to new activities Page 23	E. Activity/production index Page 23	F. 1991 Source reduction quantity Page 24

Comments:



BEFORE COPYING FORM,  
ENTER:

SITE NAME

CHASE LABORATORIES

EPA ID NO.

UJD 053 522 231

FORM  
GM

1991 Hazardous Waste Report

WASTE GENERATION AND  
MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1991 Hazardous Waste Report booklet before completing this form.

Sec.  
I

A. Waste description  
Instruction Page 15

FLAMMABLE SPENT SOLVENTS FROM LAB TESTING OF SOFT GEL CAPSULES  
AND TABLETS. MIXTURE OF METHANOL, ETHANOL, HEXANE, CHLOROFORM

B. EPA hazardous waste code  
Page 15

F903 D001  
D1922

C. State hazardous waste code  
Page 15

(SEE COMMENT)  
4A

D. SIC code  
Page 18

2834

E. Origin code  
Page 16

1

F. Source code  
Page 17

A59

G. Point of measurement  
Page 17

8

H. Form code  
Page 17

B1204

I. RCRA-radioactive mixed  
Page 17

2

J. Reported TRI constituent  
Page 18

1

K. CAS numbers  
Page 18

1. - - - - - 2. - - - - -  
3. - - - - - 4. - - - - - 5. - - - - -

Sec.  
II

A. Quantity generated in 1990  
Instruction Page 18

715.0

B. Quantity generated in 1991  
Page 18

880.0

C. UOM  
Page 19

5 DK  
1 lbs/gal 2 kg

D. Did this site do any of the following to this  
waste: treat on site, dispose on site, recycle  
on site, or discharge to a sewer/POTW?  
Page 19

☐ 1 Yes (CONTINUE TO SYSTEM 1)  
☒ 2 No (SKIP TO SEC. III)

ON-SITE SYSTEM 1

On-site system type  
Page 19

M

Quantity treated, disposed or recycled on site in 1991

- - - - -

ON-SITE SYSTEM 2

On-site system type  
Page 19

M

Quantity treated, disposed or recycled on site in 1991

- - - - -

Sec.  
III

A. Was any of this waste shipped off site in 1991?  
Instruction Page 20

☒ 1 Yes (CONTINUE TO BOX B)  
☐ 2 No (SKIP TO SEC. IV)

Site  
1

B. EPA ID No. of facility waste was shipped to  
Page 20

UJD 002 290 046

C. System type shipped to  
Page 20

M 941

D. Off-site availability code  
Page 21

1

E. Total quantity shipped in 1991  
Page 21

880.0

Site  
2

B. EPA ID No. of facility waste was shipped to  
Page 20

- - - - -

C. System type shipped to  
Page 20

M

D. Off-site availability code  
Page 21

-

E. Total quantity shipped in 1991  
Page 21

- - - - -

Sec.  
IV

A. Did new activities in 1991 result in minimization of this waste?  
Instruction Page 22

☐ 1 Yes (CONTINUE TO BOX B)  
☒ 2 No (THIS FORM IS COMPLETE)

B. Activity  
Page 22

W W  
W W

C. Other effects  
Page 22

☐ 1 Yes  
☐ 2 No

D. Quantity recycled in 1991 due to new activities  
Page 23

- - - - -

E. Activity/production index  
Page 23

- - - - -

F. 1991 Source reduction quantity  
Page 24

- - - - -

Comments: WATER AND ACEDIC ACID

BEFORE COPYING FORM,  
ENTER:

SITE NAME CHASE LABORATORIES

EPA ID NO.

USD 053 522 231

1991 Hazardous Waste Report

FORM  
GM

WASTE GENERATION AND  
MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1991 Hazardous Waste Report booklet before completing this form.

Sec.  
I

A. Waste description  
Instruction Page 15

FLAMMABLE SPENT SOLVENT FROM CLEANING GRANULATION BLENDER,  
MEDICINE ROOM PUMPS AND CAPSULE WASHING, MIXTURE OF (SEE COMMENT

B. EPA hazardous waste code  
Page 15

D091

C. State hazardous waste code  
Page 15

HA

D. SIC code  
Page 18

2834

E. Origin code  
Page 18

1

System type

MI MA

F. Source code  
Page 17

IA09

G. Point of measurement  
Page 17

8

H. Form code  
Page 17

1B203

I. RCRA-radioactive mixed  
Page 17

2

J. Reported TRI constituent  
Page 18

1

K. CAS numbers  
Page 18

1. - - - - - 2. - - - - -  
3. - - - - - 4. - - - - - 5. - - - - -

Sec.  
II

A. Quantity generated in 1990  
Instruction Page 18

1210.0

B. Quantity generated in 1991  
Page 18

825.0

C. UOM  
Page 19

5

Density

OK

☐ 1 lbs/gal ☐ 2 sg

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW?  
Page 19

☐ 1 Yes (CONTINUE TO SYSTEM 1)  
☒ 2 No (SKIP TO SEC. III)

ON-SITE SYSTEM 1

On-site system type  
Page 19

MI

Quantity treated, disposed or recycled on site in 1991

- - - - -

ON-SITE SYSTEM 2

On-site system type  
Page 19

MI

Quantity treated, disposed or recycled on site in 1991

- - - - -

Sec.  
III

A. Was any of this waste shipped off site in 1991?  
Instruction Page 20

☒ 1 Yes (CONTINUE TO BOX B)  
☐ 2 No (SKIP TO SEC. IV)

Site  
1

B. EPA ID No. of facility waste was shipped to  
Page 20

USD 002 200 040

C. System type shipped to  
Page 20

MI 261

D. Off-site availability code  
Page 21

1

E. Total quantity shipped in 1991  
Page 21

825.0

Site  
2

B. EPA ID No. of facility waste was shipped to  
Page 20

- - - - -

C. System type shipped to  
Page 20

MI

D. Off-site availability code  
Page 21

-

E. Total quantity shipped in 1991  
Page 21

- - - - -

Sec.  
IV

A. Did new activities in 1991 result in minimization of this waste?  
Instruction Page 22

☐ 1 Yes (CONTINUE TO BOX B)  
☒ 2 No (THIS FORM IS COMPLETE)

B. Activity  
Page 22

W W  
W W

C. Other effects  
Page 22

☐ 1 Yes  
☐ 2 No

D. Quantity recycled in 1991 due to new activities  
Page 23

- - - - -

E. Activity/production index  
Page 23

- - -

F. 1991 Source reduction quantity  
Page 24

- - - - -

Comments: ISOPROPANOL AND TRACES OF VITAMINS

BEFORE COPYING FORM,  
ENTER:

SITE NAME CHASE LABORATORIES

EPA ID NO.

UJD 053 522 231

1991 Hazardous Waste Report

FORM  
GM

WASTE GENERATION AND  
MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1991 Hazardous Waste Report booklet before completing this form.

Sec.  
I

A. Waste description  
Instruction Page 15

COMBUSTIBLE WASTE OIL RUN OFF FROM GELATIN NETTING, MIXTURE OF  
MINERAL OIL AND VITAMINS

B. EPA hazardous waste code  
Page 15

UA

C. State hazardous waste code  
Page 15

X 726

D. SIC code  
Page 16

2834

E. Origin code  
Page 16

LI

System type

MI UA

F. Source code  
Page 17

AI 51

G. Point of measurement  
Page 17

8

H. Form code  
Page 17

BI 296

I. RCRA-radioactive mixed  
Page 17

2

J. Reported TRI constituent  
Page 18

1

K. CAS numbers  
Page 18

1. - - - - - 2. - - - - -  
3. - - - - - 4. - - - - - 5. - - - - -

Sec.  
II

A. Quantity generated in 1990  
Instruction Page 18

3005.0

B. Quantity generated in 1991  
Page 18

2450.0

C. UOM  
Page 19

Density

5 UA

1 lbs/gal 2 sg

D. Did this site do any of the following to this  
waste: treat on site, dispose on site, recycle  
on site, or discharge to a sewer/POTW?  
Page 19

1 Yes (CONTINUE TO SYSTEM 1)  
2 No (SKIP TO SEC. III)

ON-SITE SYSTEM 1

On-site system type  
Page 19

MI

Quantity treated, disposed or recycled on site in 1991

- - - - -

ON-SITE SYSTEM 2

On-site system type  
Page 19

MI

Quantity treated, disposed or recycled on site in 1991

- - - - -

Sec.  
III

A. Was any of this waste shipped off site in 1991?  
Instruction Page 20

1 Yes (CONTINUE TO BOX B)  
2 No (SKIP TO SEC. IV)

Site  
1

B. EPA ID No. of facility waste was shipped to  
Page 20

UJD 084 044 064

C. System type shipped to  
Page 20

MI 061

D. Off-site availability code  
Page 21

1

E. Total quantity shipped in 1991  
Page 21

1250.0

Site  
2

B. EPA ID No. of facility waste was shipped to  
Page 20

UJD 002 200 046

C. System type shipped to  
Page 20

MI 061

D. Off-site availability code  
Page 21

1

E. Total quantity shipped in 1991  
Page 21

1499.0

Sec.  
IV

A. Did new activities in 1991 result in minimization of this waste?  
Instruction Page 22

1 Yes (CONTINUE TO BOX B)  
2 No (THIS FORM IS COMPLETE)

B. Activity  
Page 22

WI WI  
WI WI

C. Other effects  
Page 22

1 Yes  
2 No

D. Quantity recycled in 1991 due to new activities  
Page 23

- - - - -

E. Activity/production index  
Page 23

- - - - -

F. 1991 Source reduction quantity  
Page 24

- - - - -

Comments:



BEFORE COPYING FORM,  
ENTER:

SITE NAME

CHASE LABORATORIES

EPA ID NO.

UJD 053 522 231

1991 Hazardous Waste Report

FORM  
GM

WASTE GENERATION AND  
MANAGEMENT

**INSTRUCTIONS:** Read the detailed instructions beginning on page 13 of the 1991 Hazardous Waste Report booklet before completing this form.

Sec.  
I

A. Waste description  
Instruction Page 15

ORM-A SPENT SOLVENT FROM LABTESTING OF SOFT GEL CAPSULES AND TABLETS, MIXTURE OF CHLOROFORM, WATER AND TRACES OF VITAMINS.

B. EPA hazardous waste code  
Page 15

6176

C. State hazardous waste code  
Page 15

6176

D. SIC code  
Page 16

2834

E. Origin code  
Page 16

U

F. Source code  
Page 17

59

G. Point of measurement  
Page 17

8

H. Form code  
Page 17

1201

I. RCRA-radioactive mixed  
Page 17

2

J. Reported TRI constituent  
Page 18

U

K. CAS numbers  
Page 18

1. - - - - - 2. - - - - -  
3. - - - - - 4. - - - - - 5. - - - - -

Sec.  
II

A. Quantity generated in 1990  
Instruction Page 18

55.0

B. Quantity generated in 1991  
Page 18

55.0

C. UOM  
Page 19

5

Density

OK

☐ 1 lbs/gal ☐ 2 sg

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW?  
Page 19

☐ 1 Yes (CONTINUE TO SYSTEM I)  
☒ 2 No (SKIP TO SEC. III)

ON-SITE SYSTEM 1

On-site system type  
Page 19

U

Quantity treated, disposed or recycled on site in 1991

- - - - -

ON-SITE SYSTEM 2

On-site system type  
Page 19

U

Quantity treated, disposed or recycled on site in 1991

- - - - -

Sec.  
III

A. Was any of this waste shipped off site in 1991?  
Instruction Page 20

☒ 1 Yes (CONTINUE TO BOX B)  
☐ 2 No (SKIP TO SEC. IV)

Site  
1

B. EPA ID No. of facility waste was shipped to  
Page 20

UJD 002 299 946

C. System type shipped to  
Page 20

U 023

D. Off-site availability code  
Page 21

U

E. Total quantity shipped in 1991  
Page 21

55.0

Site  
2

B. EPA ID No. of facility waste was shipped to  
Page 20

- - - - -

C. System type shipped to  
Page 20

U

D. Off-site availability code  
Page 21

U

E. Total quantity shipped in 1991  
Page 21

- - - - -

Sec.  
IV

A. Did new activities in 1991 result in minimization of this waste?  
Instruction Page 22

☐ 1 Yes (CONTINUE TO BOX B)  
☒ 2 No (THIS FORM IS COMPLETE)

B. Activity  
Page 22

W W  
W W

C. Other effects  
Page 22

☐ 1 Yes  
☐ 2 No

D. Quantity recycled in 1991 due to new activities  
Page 23

- - - - -

E. Activity/production index  
Page 23

- - - - -

F. 1991 Source reduction quantity  
Page 24

- - - - -

Comments:

BEFORE COPYING FORM,  
ENTER:

SITE NAME CHASE LABORATORIES

EPA ID NO.

UJD 053 522 231

FORM  
GM

1991 Hazardous Waste Report

WASTE GENERATION AND  
MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1991 Hazardous Waste Report booklet before completing this form.

|   |  |  |   |                                  |  |
|---|--|--|---|----------------------------------|--|
| Sec. I  | A. Waste description<br>Instruction Page 15<br>FLAMMABLE SPENT SOLVENT FROM CLEANING MEDICINE ROOM PUMPS<br>MIXTURE OF MINERAL OIL AND ISOPROPANOL |  |   |                                  |  |
| B. EPA hazardous waste code<br>Page 15<br>D 001 |  | C. State hazardous waste code<br>Page 15<br>UA |   |                                  |  |
| D. SIC code<br>Page 16<br>2834                  | E. Origin code<br>Page 16<br>U<br>System type<br>MMA   | F. Source code<br>Page 17<br>A 69              | G. Point of measurement<br>Page 17<br>8 | H. Form code<br>Page 17<br>B 293 |  |
| I. RCRA-radioactive mixed<br>Page 17<br>2       |  | J. Reported TRI constituent<br>Page 18<br>1    |   |                                  |  |
| K. CAS numbers<br>Page 18<br>1. 2. 3. 4. 5.     |  |  |   |                                  |  |

|   |   |   |                           |   |
|---|---|---|---------------------------|---|
| Sec. II   | A. Quantity generated in 1990<br>Instruction Page 18<br>440.0 | B. Quantity generated in 1991<br>Page 18<br>55.0        | C. UOM<br>Page 19<br>5 DK | D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW?<br>Page 19<br><input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1)<br><input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III) |
| ON-SITE SYSTEM 1<br>On-site system type<br>Page 19<br>M |   | ON-SITE SYSTEM 2<br>On-site system type<br>Page 19<br>M |                           |   |

|          |   |   |   |  |
|----------|---|---|---|--|
| Sec. III | A. Was any of this waste shipped off site in 1991?<br>Instruction Page 20<br><input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B)<br><input type="checkbox"/> 2 No (SKIP TO SEC. IV) |   |   |  |
| Site 1   | B. EPA ID No. of facility waste was shipped to<br>Page 20<br>UJD 002 200 046  | C. System type shipped to<br>Page 20<br>M 061 | D. Off-site availability code<br>Page 21<br>1 | E. Total quantity shipped in 1991<br>Page 21<br>55.0 |
| Site 2   | B. EPA ID No. of facility waste was shipped to<br>Page 20   | C. System type shipped to<br>Page 20<br>M     | D. Off-site availability code<br>Page 21      | E. Total quantity shipped in 1991<br>Page 21         |

|                                   |  |   |   |  |  |
|-----------------------------------|--|---|---|--|--|
| Sec. IV                           | A. Did new activities in 1991 result in minimization of this waste?<br>Instruction Page 22<br><input type="checkbox"/> 1 Yes (CONTINUE TO BOX B)<br><input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE) |   |   |  |  |
| B. Activity<br>Page 22<br>W W W W | C. Other effects<br>Page 22<br><input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No   | D. Quantity recycled in 1991 due to new activities<br>Page 23 | E. Activity/production index<br>Page 23 | F. 1991 Source reduction quantity<br>Page 24 |  |

Comments: WASTE OIL AND ISOPROPANOL MIXED IN ERROR

BEFORE COPYING FORM,  
ENTER:

SITE NAME CHASE LABORATORIES

EPA ID NO.

UJD 053 512 231

FORM  
GM

1991 Hazardous Waste Report

WASTE GENERATION AND  
MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1991 Hazardous Waste Report booklet before completing this form.

|  |   |   |  |                         |                                      |
|--|---|---|--|-------------------------|--------------------------------------|
| Sec. I   | A. Waste description<br>Instruction Page 15 |   |  |                         |                                      |
| ORM-E LIQUID FROM THE MAINTENANCE OF AIR CONDITIONING EQUIP-<br>MENT, SPENT FREON 11 |   |   |  |                         |                                      |
| B. EPA hazardous waste code<br>Page 15   |   |   | C. State hazardous waste code<br>Page 15 |                         |                                      |
| F002   |   |   | NA                                       |                         |                                      |
| D. SIC code<br>Page 16   | E. Origin code<br>Page 16                   | F. Source code<br>Page 17   | G. Point of measurement<br>Page 17       | H. Form code<br>Page 17 | I. RCRA-radioactive mixed<br>Page 17 |
| 2834   | U   | 59  | 8  | 292                     | 2                                    |
| J. Reported TRI constituent<br>Page 18   |   | K. CAS numbers<br>Page 18   |  |                         |                                      |
| 1  |   | 1. - - - - - 2. - - - - -<br>3. - - - - - 4. - - - - - 5. - - - - - |  |                         |                                      |

|  |  |  |  |         |   |
|--|--|--|--|---------|---|
| Sec. II  | A. Quantity generated in 1990<br>Instruction Page 18 | B. Quantity generated in 1991<br>Page 18 | C. UOM<br>Page 19                                      | Density | D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW?<br>Page 19 |
|  | NA   | 55.0                                     | 5  | DK      | <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1)<br><input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)                              |
| ON-SITE SYSTEM 1                                       |  |  | ON-SITE SYSTEM 2                                       |         |   |
| On-site system type<br>Page 19                         |  |  | On-site system type<br>Page 19                         |         |   |
| Quantity treated, disposed or recycled on site in 1991 |  |  | Quantity treated, disposed or recycled on site in 1991 |         |   |
| M  |  |  | M  |         |   |

|  |   |                                      |  |  |  |
|--|---|--------------------------------------|--|--|--|
| Sec. III   | A. Was any of this waste shipped off site in 1991?<br>Instruction Page 20 |                                      |  |  |  |
| <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B)<br><input type="checkbox"/> 2 No (SKIP TO SEC. IV) |   |                                      |  |  |  |
| Site 1   | B. EPA ID No. of facility waste was shipped to<br>Page 20                 | C. System type shipped to<br>Page 20 | D. Off-site availability code<br>Page 21 | E. Total quantity shipped in 1991<br>Page 21 |  |
|  | UJD 002 200 246   | M 039                                | U  | 55.0   |  |
| Site 2   | B. EPA ID No. of facility waste was shipped to<br>Page 20                 | C. System type shipped to<br>Page 20 | D. Off-site availability code<br>Page 21 | E. Total quantity shipped in 1991<br>Page 21 |  |
|  |   | M                                    |  |  |  |

|  |  |   |   |  |  |
|--|--|---|---|--|--|
| Sec. IV  | A. Did new activities in 1991 result in minimization of this waste?<br>Instruction Page 22 |   |   |  |  |
| <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B)<br><input type="checkbox"/> 2 No (THIS FORM IS COMPLETE) |  |   |   |  |  |
| B. Activity<br>Page 22   | C. Other effects<br>Page 22  | D. Quantity recycled in 1991 due to new activities<br>Page 23 | E. Activity/production index<br>Page 23 | F. 1991 Source reduction quantity<br>Page 24 |  |
| W  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                            |   |   |  |  |

Comments:

BEFORE COPYING FORM,  
ENTER:

SITE NAME CHASE LABORATORIES

EPA ID NO.

USD 053 522 231

FORM  
GM

1991 Hazardous Waste Report

WASTE GENERATION AND  
MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1991 Hazardous Waste Report booklet before completing this form.

Sec.  
I

A. Waste description  
Instruction Page 15

ORM-E LIQUID FROM THE MAINTENANCE OF DEHUMIDIFICATION EQUIP-  
MENT, SPENT KATHANE SOLUTION

B. EPA hazardous waste code  
Page 15

D007

C. State hazardous waste code  
Page 15

NA

D. SIC code  
Page 16

2834

E. Origin code  
Page 16

U

System type

MI NA

F. Source code  
Page 17

1A59

G. Point of measurement  
Page 17

8

H. Form code  
Page 17

B102

I. RCRA-radioactive mixed  
Page 17

2

J. Reported TRI constituent  
Page 18

1

K. CAS numbers  
Page 18

1. 2. 3. 4. 5.

Sec.  
II

A. Quantity generated in 1990  
Instruction Page 18

NA

B. Quantity generated in 1991  
Page 18

55.0

C. UOM  
Page 19

5

Density

DK

D. Did this site do any of the following to this  
waste: treat on site, dispose on site, recycle  
on site, or discharge to a sewer/POTW?  
Page 19

☐ 1 Yes (CONTINUE TO SYSTEM 1)  
☒ 2 No (SKIP TO SEC. III)

ON-SITE SYSTEM 1

On-site system type  
Page 19

MI

Quantity treated, disposed or recycled on site in 1991

ON-SITE SYSTEM 2

On-site system type  
Page 19

MI

Quantity treated, disposed or recycled on site in 1991

Sec.  
III

A. Was any of this waste shipped off site in 1991?  
Instruction Page 20

☒ 1 Yes (CONTINUE TO BOX B)  
☐ 2 No (SKIP TO SEC. IV)

Site  
1

B. EPA ID No. of facility waste was shipped to  
Page 20

USD 002 200 046

C. System type shipped to  
Page 20

MI 132

D. Off-site availability code  
Page 21

1

E. Total quantity shipped in 1991  
Page 21

55.0

Site  
2

B. EPA ID No. of facility waste was shipped to  
Page 20

C. System type shipped to  
Page 20

MI

D. Off-site availability code  
Page 21

E. Total quantity shipped in 1991  
Page 21

Sec.  
IV

A. Did new activities in 1991 result in minimization of this waste?  
Instruction Page 22

☐ 1 Yes (CONTINUE TO BOX B)  
☒ 2 No (THIS FORM IS COMPLETE)

B. Activity  
Page 22

W W  
W W

C. Other effects  
Page 22

☐ 1 Yes  
☐ 2 No

D. Quantity recycled in 1991 due to new activities  
Page 23

E. Activity/production index  
Page 23

F. 1991 Source reduction quantity  
Page 24

Comments:

BEFORE COPYING FORM,  
ENTER:

SITE NAME CHASE LABORATORIES

EPA ID NO.

UJD 053 522 231

1991 Hazardous Waste Report

FORM  
GM

WASTE GENERATION AND  
MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1991 Hazardous Waste Report booklet before completing this form.

|   |   |  |  |                           |                                    |
|---|---|--|--|---------------------------|------------------------------------|
| Sec. I  | A. Waste description<br>Instruction Page 15 |  |  |                           |                                    |
| COMBUSTIBLE LIQUID FROM THE FILM COATING PROCESS OF TABLETS.<br>MIXTURE OF METH CHLORIDE, ISOPROPANOL AND METHYL ALCOHOL. |   |  |  |                           |                                    |
| B. EPA hazardous waste code<br>Page 15  |   |  | C. State hazardous waste code<br>Page 15 |                           |                                    |
| D. SIC code<br>Page 16  |   |  | E. Origin code<br>Page 16                | F. Source code<br>Page 17 | G. Point of measurement<br>Page 17 |
| H. Form code<br>Page 17   |   |  | I. RCRA-radioactive mixed<br>Page 17     |                           |                                    |
| J. Reported TRI constituent<br>Page 16  |   |  | K. CAS numbers<br>Page 18                |                           |                                    |

|                                |  |  |                   |   |
|--------------------------------|--|--|-------------------|---|
| Sec. II                        | A. Quantity generated in 1990<br>Instruction Page 18 | B. Quantity generated in 1991<br>Page 18               | C. UOM<br>Page 19 | D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW?<br>Page 19 |
| ON-SITE SYSTEM 1               |  | ON-SITE SYSTEM 2                                       |                   |   |
| On-site system type<br>Page 19 |  | Quantity treated, disposed or recycled on site in 1991 |                   |   |

|          |   |                                      |  |  |
|----------|---|--------------------------------------|--|--|
| Sec. III | A. Was any of this waste shipped off site in 1991?<br>Instruction Page 20 |                                      |  |  |
| Site 1   | B. EPA ID No. of facility waste was shipped to<br>Page 20                 | C. System type shipped to<br>Page 20 | D. Off-site availability code<br>Page 21 | E. Total quantity shipped in 1991<br>Page 21 |
| Site 2   | B. EPA ID No. of facility waste was shipped to<br>Page 20                 | C. System type shipped to<br>Page 20 | D. Off-site availability code<br>Page 21 | E. Total quantity shipped in 1991<br>Page 21 |

|                        |  |   |   |  |
|------------------------|--|---|---|--|
| Sec. IV                | A. Did new activities in 1991 result in minimization of this waste?<br>Instruction Page 22 |   |   |  |
| B. Activity<br>Page 22 | C. Other effects<br>Page 22  | D. Quantity recycled in 1991 due to new activities<br>Page 23 | E. Activity/production index<br>Page 23 | F. 1991 Source reduction quantity<br>Page 24 |

Comments: OFF SPEC AND DISCONTINUED PROCESS MATERIAL



BEFORE COPYING FORM,  
ENTER:

SITE NAME

CHASE LABORATORIES

EPA ID NO.

UJD 053 522 231

1991 Hazardous Waste Report

FORM  
GM

WASTE GENERATION AND  
MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1991 Hazardous Waste Report booklet before completing this form.

Sec.  
I

A. Waste description  
Instruction Page 15

B. EPA hazardous waste code  
Page 15

C. State hazardous waste code  
Page 15

D. SIC code  
Page 16

E. Origin code  
Page 16

F. Source code  
Page 17

G. Point of measurement  
Page 17

H. Form code  
Page 17

I. RCRA-radioactive mixed  
Page 17

J. Reported TRI constituent  
Page 18

K. CAS numbers  
Page 18

Sec.  
II

A. Quantity generated in 1990  
Instruction Page 18

B. Quantity generated in 1991  
Page 18

C. UOM Density  
Page 19

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW?  
Page 19

☐ 1 Yes (CONTINUE TO SYSTEM 1)  
☐ 2 No (SKIP TO SEC. III)

ON-SITE SYSTEM 1

On-site system type  
Page 19

Quantity treated, disposed or recycled on site in 1991

ON-SITE SYSTEM 2

On-site system type  
Page 19

Quantity treated, disposed or recycled on site in 1991

Sec.  
III

A. Was any of this waste shipped off site in 1991?  
Instruction Page 20

☐ 1 Yes (CONTINUE TO BOX B)  
☒ 2 No (SKIP TO SEC. IV)

Site  
1

B. EPA ID No. of facility waste was shipped to  
Page 20

C. System type shipped to  
Page 20

D. Off-site availability code  
Page 21

E. Total quantity shipped in 1991  
Page 21

Site  
2

B. EPA ID No. of facility waste was shipped to  
Page 20

C. System type shipped to  
Page 20

D. Off-site availability code  
Page 21

E. Total quantity shipped in 1991  
Page 21

Sec.  
IV

A. Did new activities in 1991 result in minimization of this waste?  
Instruction Page 22

☐ 1 Yes (CONTINUE TO BOX B)  
☒ 2 No (THIS FORM IS COMPLETE)

B. Activity  
Page 22

C. Other effects  
Page 22

D. Quantity recycled in 1991 due to new activities  
Page 23

E. Activity, production index  
Page 23

F. 1991 Source reduction quantity  
Page 24

Comments:

HAZARDOUS WASTE MANIFEST FOR 1991 (OVER)

Site Name CHASE LABORATORIES, INC

EPA ID No. N J D 0 5 3 5 2 2 2 3 1

**OFFICIAL USE ONLY**

Ann. Fee \_\_\_\_\_

RA \_\_\_\_\_

Date \_\_\_\_\_

Rec'd By \_\_\_\_\_

**1992 FEE VERIFICATION WORKSHEET**

**INSTRUCTIONS:** Complete the below fee category information. If your site is required to submit a fee, then attach the check were indicated.

Attach check here (do not send cash)

Make Payable to: **Treasurer State of New Jersey**

Mail Report to: **NJDEPE, Bureau of Revenue  
CN417  
428 East State Street  
Trenton, NJ 08625-0417  
Attention: Manifest Section**

**Fee Category**

- |                                     |          |  |
|-------------------------------------|----------|--|
| <input type="checkbox"/>            | No Fee   | This site (company) manifested less than 1.33 tons of hazardous waste for the calendar year.   |
| <input type="checkbox"/>            | \$125.00 | This site (company) manifested 1.33 tons or more of hazardous waste but less than 10 tons of hazardous waste during the calendar year. |
| <input checked="" type="checkbox"/> | \$180.00 | This site (company) manifested 10 tons or more of hazardous waste but less than 100 tons of hazardous waste during the calendar year.  |
| <input type="checkbox"/>            | \$300.00 | This site (company) manifested 100 tons or more of hazardous waste but less than 150 tons of hazardous waste during the calendar year. |
| <input type="checkbox"/>            | \$400.00 | This site (company) manifested 150 tons or more of hazardous waste during the calendar year.   |
| <input type="checkbox"/>            | \$_____  | Other, the attached check is for multiple sites as identified on the reverse side of this form.  |

BEFORE COPYING FORM,  
ENTER:

SITE NAME

CHASE LABORATORIES, INC

EPA ID NO.

WJ01051352122311

1992 Hazardous Waste Report

FORM

IC

IDENTIFICATION AND  
CERTIFICATION

**INSTRUCTIONS:** Read the detailed instructions beginning on page 6 of the 1992 Hazardous Waste Report booklet before completing this form.

**SEC. I** Site name and location address. Complete items A through H. Check the box ☒ in items A, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instruction page 6

A. EPA ID No.

Same as label ☒ or

B. County

ESSEX

C. Site/company name

Same as label ☒ or

D. Has the site name associated with this EPA ID changed since 1989?

☐ 1 Yes

☒ 2 No

E. Street name and number. If not applicable, enter industrial park, building name or other physical location description.

Same as label ☒  
or

F. City, town, village, etc.

Same as label ☒  
or

G. State

Same as label ☒

H. Zip Code

Same as label ☒

**SEC. II** Mailing address of site. Instruction page 6

A. Is the mailing address the same as the location address?

☒ 1 Yes (SKIP TO SEC. III)

☐ 2 No (GO TO BOX B)

B. Number and street name of mailing address

C. City, town, village, etc.

D. State

E. Zip Code

**SEC. III** Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instruction page 6

A. Please print: Last name

First name

M.I.

B. Title

C. Telephone

CAPRARA,

PHILIP

R.

ASST.  
TRAFFIC MGR

201 589-8181

Extension 1710911

**SEC. IV** Enter the Standard Industrial Classification (SIC) Code that describes the principal products, group of products, produced or distributed, or the services rendered at the site's physical location. Enter more than one SIC Code only if no one industry description includes the combined activities of the site. Instruction page 7

A.

2834

B.

C.

D.

**SEC. V**

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations."

A. Please print: Last name

First name

M.I.

B. Title

CAPRARA,

PHILIP

R.

ASST TRAFFIC MGR

C. Signature

D. Date of signature

MO. DAY YR.

Page 1 of 15

OVER -->



BEFORE COPYING FORM,  
ENTER:

SITE NAME CHASE LABORATORIES, INC

EPA ID NO.

145005315222311

1992 Hazardous Waste Report

OFF-SITE IDENTIFICATION

FORM

OI

INSTRUCTIONS: Read the detailed instructions on the back of this page before completing this form.

|   |   |  |
|---|---|--|
| <b>Site 1</b>   | A. EPA ID No. of off-site installation or transporter<br><u>145005315222311</u> | B. Name of off-site installation or transporter<br><u>NORTHEAST ENVIRONMENTAL SERVICES, INC</u>                                  |
| C. Handler type<br>(CHECK ALL THAT APPLY)<br><input type="checkbox"/> Generator<br><input type="checkbox"/> Transporter<br><input checked="" type="checkbox"/> TSDR |   | D. Address of off-site installation<br>Street <u>CANAL RD</u><br>City <u>WAMPSVILLE</u> State <u>NY</u> Zip Code <u>11716131</u> |
| <b>Site 2</b>   | A. EPA ID No. of off-site installation or transporter<br><u>1450980769947</u>   | B. Name of off-site installation or transporter<br><u>HAZ-MAT ENVIRONMENTAL GROUP, INC</u>                                       |
| C. Handler type<br>(CHECK ALL THAT APPLY)<br><input type="checkbox"/> Generator<br><input checked="" type="checkbox"/> Transporter<br><input type="checkbox"/> TSDR |   | D. Address of off-site installation<br>Street _____<br>City _____ State _____ Zip Code _____                                     |
| <b>Site 3</b>   | A. EPA ID No. of off-site installation or transporter<br><u>1450967387514</u>   | B. Name of off-site installation or transporter<br><u>CONTINENTAL VANGUARD INC.</u>  |
| C. Handler type<br>(CHECK ALL THAT APPLY)<br><input type="checkbox"/> Generator<br><input checked="" type="checkbox"/> Transporter<br><input type="checkbox"/> TSDR |   | D. Address of off-site installation<br>Street _____<br>City _____ State _____ Zip Code _____                                     |
| <b>Site 4</b>   | A. EPA ID No. of off-site installation or transporter<br>_____                  | B. Name of off-site installation or transporter<br>_____   |
| C. Handler type<br>(CHECK ALL THAT APPLY)<br><input type="checkbox"/> Generator<br><input type="checkbox"/> Transporter<br><input type="checkbox"/> TSDR            |   | D. Address of off-site installation<br>Street _____<br>City _____ State _____ Zip Code _____                                     |
| <b>Site 5</b>   | A. EPA ID No. of off-site installation or transporter<br>_____                  | B. Name of off-site installation or transporter<br>_____   |
| C. Handler type<br>(CHECK ALL THAT APPLY)<br><input type="checkbox"/> Generator<br><input type="checkbox"/> Transporter<br><input type="checkbox"/> TSDR            |   | D. Address of off-site installation<br>Street _____<br>City _____ State _____ Zip Code _____                                     |

Comments:

BEFORE COPYING FORM,  
ENTER:

SITE NAME CHASE LABORATORIES, INC

EPA ID NO.

15010531522231

FORM

OI

1992 Hazardous Waste Report

OFF-SITE IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the back of this page before completing this form.

|  |   |  |
|--|---|--|
| <b>Site 1</b>  | A. EPA ID No. of off-site installation or transporter<br><u>15010531522231</u>  | B. Name of off-site installation or transporter<br><u>LIONETTI OIL RECOVERY INC.</u> |
| C. Handler type<br>(CHECK ALL THAT APPLY)<br><input type="checkbox"/> Generator<br><input checked="" type="checkbox"/> Transporter<br><input checked="" type="checkbox"/> TSDR | D. Address of off-site installation<br>Street <u>RUNYON &amp; CHEESEQUAKE RDS</u><br>City <u>OLD BRIDGE</u> State <u>N.J.</u> Zip Code <u>0188517</u> |  |
| <b>Site 2</b>  | A. EPA ID No. of off-site installation or transporter<br><u>150100222001046</u>   | B. Name of off-site installation or transporter<br><u>CYCLE CHEM, INC</u>            |
| C. Handler type<br>(CHECK ALL THAT APPLY)<br><input type="checkbox"/> Generator<br><input checked="" type="checkbox"/> Transporter<br><input checked="" type="checkbox"/> TSDR | D. Address of off-site installation<br>Street <u>217 SO. FIRST ST</u><br>City <u>ELIZABETH</u> State <u>N.J.</u> Zip Code <u>017121016</u>            |  |
| <b>Site 3</b>  | A. EPA ID No. of off-site installation or transporter<br><u>15019822811016</u>  | B. Name of off-site installation or transporter<br><u>CLEAN VENTURE, INC</u>         |
| C. Handler type<br>(CHECK ALL THAT APPLY)<br><input type="checkbox"/> Generator<br><input checked="" type="checkbox"/> Transporter<br><input type="checkbox"/> TSDR            | D. Address of off-site installation<br>Street _____<br>City _____ State _____ Zip Code _____  |  |
| <b>Site 4</b>  | A. EPA ID No. of off-site installation or transporter<br><u>ARD0697481192</u>   | B. Name of off-site installation or transporter<br><u>ENSCO INC</u>                  |
| C. Handler type<br>(CHECK ALL THAT APPLY)<br><input type="checkbox"/> Generator<br><input checked="" type="checkbox"/> Transporter<br><input checked="" type="checkbox"/> TSDR | D. Address of off-site installation<br>Street <u>AMERICAL OIL RD</u><br>City <u>EL DORADO</u> State <u>A.R.</u> Zip Code <u>71730</u>                 |  |
| <b>Site 5</b>  | A. EPA ID No. of off-site installation or transporter<br><u>PAD01087811672</u>  | B. Name of off-site installation or transporter<br><u>JOHN PFROMMER. INC</u>         |
| C. Handler type<br>(CHECK ALL THAT APPLY)<br><input type="checkbox"/> Generator<br><input checked="" type="checkbox"/> Transporter<br><input type="checkbox"/> TSDR            | D. Address of off-site installation<br>Street _____<br>City _____ State _____ Zip Code _____  |  |

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SITE NAME

CHASE LABORATORIES, INC

1992 Hazardous Waste Report

EPA ID NO.

1450 053 522 2311

FORM  
GM

WASTE GENERATION AND  
MANAGEMENT

**INSTRUCTIONS:** Read the detailed instructions beginning on page 13 of the 1992 Hazardous Waste Report booklet before completing this form.

Sec. I A. Waste description Instruction Page 15 ORM-A STILL BOTTOM FROM DEGREASING GELATIN NETTING, MIXTURE OF MINERAL OIL AND PERCHLOROETHYLENE

B. EPA hazardous waste code Page 15

P1001 D1939

C. State hazardous waste code Page 15

G415

D. SIC code Page 18

2834

E. Origin code Page 18

1

System type

MI 114

F. Source code Page 17

A133

G. Point of measurement Page 17

8

H. Form code Page 17

B1601

I. RCRA-radioactive mixed Page 17

3

J. Reported TRI constituent Page 18

1

K. CAS numbers Page 18

1. - 2. - 3. - 4. - 5. -

Sec. II

A. Quantity generated in 1991 Instruction Page 18

3465.0

B. Quantity generated in 1992 Page 18

4950.0

C. UOM Page 19

5

Density

1.28

☐ 1 lbs/gal ☐ 2 sg

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 19

☐ 1 Yes (CONTINUE TO SYSTEM 1)  
☒ 2 No (SKIP TO SEC. III)

ON-SITE SYSTEM 1

On-site system type Page 19

MI

Quantity treated, disposed or recycled on site in 1992

ON-SITE SYSTEM 2

On-site system type Page 19

MI

Quantity treated, disposed or recycled on site in 1992

Sec. III

A. Was any of this waste shipped off site in 1992? Instruction Page 20

☒ 1 Yes (CONTINUE TO BOX B)  
☐ 2 No (SKIP TO SEC. IV)

Site 1

B. EPA ID No. of facility waste was shipped to Page 20

1450 0102 200 046

C. System type shipped to Page 20

MI 0161

D. Off-site availability code Page 21

1

E. Total quantity shipped in 1992 Page 21

4950.0

Site 2

B. EPA ID No. of facility waste was shipped to Page 20

C. System type shipped to Page 20

MI

D. Off-site availability code Page 21

E. Total quantity shipped in 1992 Page 21

Sec. IV

A. Did new activities in 1992 result in minimization of this waste? Instruction Page 22

☐ 1 Yes (CONTINUE TO BOX B)  
☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 22

W1 W1  
W1 W1

C. Other effects Page 22

☐ 1 Yes  
☐ 2 No

D. Quantity recycled in 1992 due to new activities Page 23

E. Activity/production index Page 23

F. 1992 Source reduction quantity Page 24

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INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1992 Hazardous Waste Report booklet before completing this form.

|  |  |   |                           |                                      |  |
|--|--|---|---------------------------|--------------------------------------|--|
| Sec. I                                 | A. Waste description<br>Instruction Page 15  |   |                           |                                      |  |
|  | FLAMMABLE STILL BOTTOM FROM DEGREASING OF GELATIN CAPSULES, MIXTURE OF HEPTANE/HEXANE, MINERAL OIL AND VITAMIN OILS. |   |                           |                                      |  |
| B. EPA hazardous waste code<br>Page 15 |  | C. State hazardous waste code<br>Page 15                            |                           |                                      |  |
| D. SIC code<br>Page 16                 |  | E. Origin code<br>Page 16   | F. Source code<br>Page 17 | G. Point of measurement<br>Page 17   |  |
| 2834                                   |  | 11  | 133                       | 8                                    |  |
| System type                            |  | H. Form code<br>Page 17   |                           | I. RCRA-radioactive mixed<br>Page 17 |  |
| MLWA                                   |  | 1692  |                           | 2                                    |  |
| J. Reported TRI constituent<br>Page 18 |  | K. CAS numbers<br>Page 18   |                           |                                      |  |
| 1                                      |  | 1. - - - - - 2. - - - - -<br>3. - - - - - 4. - - - - - 5. - - - - - |                           |                                      |  |

|                                |  |  |                   |   |
|--------------------------------|--|--|-------------------|---|
| Sec. II                        | A. Quantity generated in 1991<br>Instruction Page 18 | B. Quantity generated in 1992<br>Page 18               | C. UOM<br>Page 19 | D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW?<br>Page 19 |
|                                | 1650.0   | 1540.0   | 5 DK              | <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1)<br><input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)                              |
| ON-SITE SYSTEM 1               |  | ON-SITE SYSTEM 2                                       |                   |   |
| On-site system type<br>Page 19 |  | Quantity treated, disposed or recycled on site in 1992 |                   |   |
| MI                             |  | MI   |                   |   |

|          |  |                                      |  |  |
|----------|--|--------------------------------------|--|--|
| Sec. III | A. Was any of this waste shipped off site in 1992?<br>Instruction Page 20  |                                      |  |  |
|          | <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B)<br><input type="checkbox"/> 2 No (SKIP TO SEC. IV) |                                      |  |  |
| Site 1   | B. EPA ID No. of facility waste was shipped to<br>Page 20  | C. System type shipped to<br>Page 20 | D. Off-site availability code<br>Page 21 | E. Total quantity shipped in 1992<br>Page 21 |
|          | MSD 002 200 046  | MI 061                               | 1  | 1155.0                                       |
| Site 2   | B. EPA ID No. of facility waste was shipped to<br>Page 20  | C. System type shipped to<br>Page 20 | D. Off-site availability code<br>Page 21 | E. Total quantity shipped in 1992<br>Page 21 |
|          | MYD 057 770 109  | MI 061                               | 1  | 385.0  |

|                        |  |   |   |  |  |
|------------------------|--|---|---|--|--|
| Sec. IV                | A. Did new activities in 1992 result in minimization of this waste?<br>Instruction Page 22                             |   |   |  |  |
|                        | <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B)<br><input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE) |   |   |  |  |
| B. Activity<br>Page 22 | C. Other effects<br>Page 22  | D. Quantity recycled in 1992 due to new activities<br>Page 23 | E. Activity/production index<br>Page 23 | F. 1992 Source reduction quantity<br>Page 24 |  |
| WI WI                  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No  |   |   |  |  |
| WI WI                  |  |   |   |  |  |

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1992 Hazardous Waste Report

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WASTE GENERATION AND  
MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1992 Hazardous Waste Report booklet before completing this form.

|   |   |  |                                   |  |   |                                  |   |  |  |
|---|---|--|-----------------------------------|--|---|----------------------------------|---|--|--|
| Sec. I  | A. Waste description<br>Instruction Page 15<br>FLAMMABLE SPENT SOLVENTS FROM LAB TESTING OF SOFT GEL CAPSULES AND TABLETS. MIXTURE OF METHANOL, ETHANOL, HEXANE, CHLOROFORM, WATER AND ACEDIC ACID. |  |                                   |  |   |                                  |   |  |  |
| B. EPA hazardous waste code<br>Page 15<br>F003 D001<br>D022 |   |  |                                   | C. State hazardous waste code<br>Page 15<br>14 |   |                                  |   |  |  |
| D. SIC code<br>Page 16<br>2834                              | E. Origin code<br>Page 16<br>11<br>System type<br>MI MA   |  | F. Source code<br>Page 17<br>A159 |  | G. Point of measurement<br>Page 17<br>8 | H. Form code<br>Page 17<br>B1204 | I. RCRA-radioactive mixed<br>Page 17<br>2 |  |  |
| J. Reported TRI constituent<br>Page 18<br>1                 |   | K. CAS numbers<br>Page 18<br>1. - - - - - 2. - - - - -<br>3. - - - - - 4. - - - - - 5. - - - - - |                                   |  |   |                                  |   |  |  |

|  |   |  |  |  |   |  |   |  |
|--|---|--|--|--|---|--|---|--|
| Sec. II  | A. Quantity generated in 1991<br>Instruction Page 18<br>880.0 |  | B. Quantity generated in 1992<br>Page 18<br>1220.0 |  | C. UOM<br>Page 19<br>5 DK<br>1 lbs/gal 2 sg |  | D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW?<br>Page 19<br><input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1)<br><input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III) |  |
| ON-SITE SYSTEM 1<br>On-site system type<br>Page 19<br>MI |   |  |  | ON-SITE SYSTEM 2<br>On-site system type<br>Page 19<br>MI |   |  |   |  |

|          |   |  |   |   |
|----------|---|--|---|---|
| Sec. III | A. Was any of this waste shipped off site in 1992?<br>Instruction Page 20<br><input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B)<br><input type="checkbox"/> 2 No (SKIP TO SEC. IV) |  |   |   |
| Site 1   | B. EPA ID No. of facility waste was shipped to<br>Page 20<br>150 002 200 046  | C. System type shipped to<br>Page 20<br>MI 061 | D. Off-site availability code<br>Page 21<br>1 | E. Total quantity shipped in 1992<br>Page 21<br>890.0 |
| Site 2   | B. EPA ID No. of facility waste was shipped to<br>Page 20<br>150 057 770 109  | C. System type shipped to<br>Page 20<br>MI 061 | D. Off-site availability code<br>Page 21<br>1 | E. Total quantity shipped in 1992<br>Page 21<br>330.0 |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| Sec. IV                                  | A. Did new activities in 1992 result in minimization of this waste?<br>Instruction Page 22<br><input type="checkbox"/> 1 Yes (CONTINUE TO BOX B)<br><input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE) |  |  |   |  |
| B. Activity<br>Page 22<br>WI WI<br>WI WI | C. Other effects<br>Page 22<br><input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No   | D. Quantity recycled in 1992 due to new activities<br>Page 23<br>- | E. Activity/production index<br>Page 23<br>- | F. 1992 Source reduction quantity<br>Page 24<br>- |  |

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1992 Hazardous Waste Report

WASTE GENERATION AND  
MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1992 Hazardous Waste Report booklet before completing this form.

|  |   |  |  |                         |                                      |
|--|---|--|--|-------------------------|--------------------------------------|
| Sec. I                                 | A. Waste description<br>Instruction Page 15 | FLAMMABLE SPENT SOLVENT FROM CLEANING GRANULATION BLENDER, MEDICINE ROOM PUMPS AND AND CAPSULE WASHING, MIXTURE OF ISOPROPANOL AND TRACES OF VITAMINS. |  |                         |                                      |
| B. EPA hazardous waste code<br>Page 15 | D001  |  | C. State hazardous waste code<br>Page 15 |                         | MA                                   |
| D. SIC code<br>Page 16                 | E. Origin code<br>Page 16                   | F. Source code<br>Page 17  | G. Point of measurement<br>Page 17       | H. Form code<br>Page 17 | I. RCRA-radioactive mixed<br>Page 17 |
| 2834                                   | L<br>System type<br>M MA                    | 109  | 8  | B1205                   | 2                                    |
| J. Reported TRI constituent<br>Page 18 | K. CAS numbers<br>Page 18                   |  |  |                         |                                      |
| 1                                      | 1. 2. 3. 4. 5.                              |  |  |                         |                                      |

|                                |  |  |                                |         |   |
|--------------------------------|--|--|--------------------------------|---------|---|
| Sec. II                        | A. Quantity generated in 1991<br>Instruction Page 18 | B. Quantity generated in 1992<br>Page 18 | C. UOM<br>Page 19              | Density | D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW?<br>Page 19 |
|                                | 825.0  | 770.0                                    | 5                              | DK      | <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1)<br><input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)                              |
| ON-SITE SYSTEM 1               |  |  | ON-SITE SYSTEM 2               |         |   |
| On-site system type<br>Page 19 |  |  | On-site system type<br>Page 19 |         |   |
| M                              |  |  | M                              |         |   |

|  |   |                                      |  |  |  |
|--|---|--------------------------------------|--|--|--|
| Sec. III   | A. Was any of this waste shipped off site in 1992?<br>Instruction Page 20 |                                      |  |  |  |
| <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B)<br><input type="checkbox"/> 2 No (SKIP TO SEC. IV) |   |                                      |  |  |  |
| Site 1   | B. EPA ID No. of facility waste was shipped to<br>Page 20                 | C. System type shipped to<br>Page 20 | D. Off-site availability code<br>Page 21 | E. Total quantity shipped in 1992<br>Page 21 |  |
|  | WJ001002200046  | M061                                 | 1  | 715.0  |  |
| Site 2   | B. EPA ID No. of facility waste was shipped to<br>Page 20                 | C. System type shipped to<br>Page 20 | D. Off-site availability code<br>Page 21 | E. Total quantity shipped in 1992<br>Page 21 |  |
|  | WJ001053770109  | M061                                 | 1  | 55.0   |  |

|  |  |   |   |  |  |
|--|--|---|---|--|--|
| Sec. IV  | A. Did new activities in 1992 result in minimization of this waste?<br>Instruction Page 22 |   |   |  |  |
| <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B)<br><input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE) |  |   |   |  |  |
| B. Activity<br>Page 22   | C. Other effects<br>Page 22  | D. Quantity recycled in 1992 due to new activities<br>Page 23 | E. Activity/production index<br>Page 23 | F. 1992 Source reduction quantity<br>Page 24 |  |
| W W  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                            |   |   |  |  |

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WASTE GENERATION AND  
MANAGEMENT

**INSTRUCTIONS:** Read the detailed instructions beginning on page 13 of the 1992 Hazardous Waste Report booklet before completing this form.

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| Sec. I   | A. Waste description<br>Instruction Page 15<br>COMBUSTIBLE WASTE OIL RUN OFF FROM GELATIN NETTING. MIXTURE OF MINERAL OIL AND VITAMINS.  |   |  |   |  |
| B. EPA hazardous waste code<br>Page 15<br><u>UJA</u> |  |   | C. State hazardous waste code<br>Page 15<br><u>X7216</u> |   |  |
| D. SIC code<br>Page 18<br><u>2834</u>                | E. Origin code<br>Page 18<br><u>U</u><br>System type <u>MI</u> <u>UJA</u>  | F. Source code<br>Page 17<br><u>151</u> | G. Point of measurement<br>Page 17<br><u>8</u>           | H. Form code<br>Page 17<br><u>18206</u> | I. RCRA-radioactive mixed<br>Page 17<br><u>2</u> |
| J. Reported TRI constituent<br>Page 18<br><u>1</u>   | K. CAS numbers<br>Page 18<br>1. <u>          </u> - <u>          </u> - <u>          </u> 2. <u>          </u> - <u>          </u> - <u>          </u><br>3. <u>          </u> - <u>          </u> - <u>          </u> 4. <u>          </u> - <u>          </u> - <u>          </u> 5. <u>          </u> - <u>          </u> - <u>          </u> |   |  |   |  |

|   |   |   |  |   |
|---|---|---|--|---|
| Sec. II   | A. Quantity generated in 1991<br>Instruction Page 18<br><u>2650.0</u> | B. Quantity generated in 1992<br>Page 18<br><u>1900.0</u>       | C. UOM<br>Page 19<br><u>5</u> <u>UJA</u><br><input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg | D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW?<br>Page 19<br><input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1)<br><input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III) |
| ON-SITE SYSTEM 1<br>On-site system type<br>Page 19<br><u>MI</u> |   | ON-SITE SYSTEM 2<br>On-site system type<br>Page 19<br><u>MI</u> |  |   |

|          |   |   |   |   |
|----------|---|---|---|---|
| Sec. III | A. Was any of this waste shipped off site in 1992?<br>Instruction Page 20<br><input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B)<br><input type="checkbox"/> 2 No (SKIP TO SEC. IV) |   |   |   |
| Site 1   | B. EPA ID No. of facility waste was shipped to<br>Page 20<br><u>UJD 084 044 064</u>   | C. System type shipped to<br>Page 20<br><u>MI 061</u> | D. Off-site availability code<br>Page 21<br><u>1</u>          | E. Total quantity shipped in 1992<br>Page 21<br><u>1900.0</u>     |
| Site 2   | B. EPA ID No. of facility waste was shipped to<br>Page 20<br><u>          </u>  | C. System type shipped to<br>Page 20<br><u>MI</u>     | D. Off-site availability code<br>Page 21<br><u>          </u> | E. Total quantity shipped in 1992<br>Page 21<br><u>          </u> |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| Sec. IV  | A. Did new activities in 1992 result in minimization of this waste?<br>Instruction Page 22<br><input type="checkbox"/> 1 Yes (CONTINUE TO BOX B)<br><input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE) |  |  |   |  |
| B. Activity<br>Page 22<br><u>W</u> <u>          </u> <u>W</u> <u>          </u><br><u>W</u> <u>          </u> <u>W</u> <u>          </u> | C. Other effects<br>Page 22<br><input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No   | D. Quantity recycled in 1992 due to new activities<br>Page 23<br><u>          </u> | E. Activity/production index<br>Page 23<br><u>          </u> | F. 1992 Source reduction quantity<br>Page 24<br><u>          </u> |  |

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1992 Hazardous Waste Report

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WASTE GENERATION AND  
MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1992 Hazardous Waste Report booklet before completing this form.

|  |   |  |  |  |  |   |                           |  |                                    |  |                         |  |                                      |  |
|--|---|--|--|--|--|---|---------------------------|--|------------------------------------|--|-------------------------|--|--------------------------------------|--|
| Sec. I                                 | A. Waste description<br>Instruction Page 15 |  |  |  |  | ORM-A SPENT SOLVENT FROM LAB TESTING OF SOFT GEL CAPSULES AND TABLETS, MIXTURE OF CHLOROFORM, WATER AND TRACES OF VITAMINS. |                           |  |                                    |  |                         |  |                                      |  |
| B. EPA hazardous waste code<br>Page 15 |   |  |  |  | C. State hazardous waste code<br>Page 15 |   |                           |  |                                    |  |                         |  |                                      |  |
| D. SIC code<br>Page 16                 |   |  |  |  | E. Origin code<br>Page 16                |   | F. Source code<br>Page 17 |  | G. Point of measurement<br>Page 17 |  | H. Form code<br>Page 17 |  | I. RCRA-radioactive mixed<br>Page 17 |  |
| J. Reported TRI constituent<br>Page 18 |   |  |  |  | K. CAS numbers<br>Page 18                |   |                           |  |                                    |  |                         |  |                                      |  |

|                                |  |  |  |  |                                |  |         |  |   |  |  |  |  |  |
|--------------------------------|--|--|--|--|--------------------------------|--|---------|--|---|--|--|--|--|--|
| Sec. II                        | A. Quantity generated in 1991<br>Instruction Page 18 |  | B. Quantity generated in 1992<br>Page 18 |  | C. UOM<br>Page 19              |  | Density |  | D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW?<br>Page 19 |  |  |  |  |  |
|                                |  |  |  |  |                                |  |         |  |   |  |  |  |  |  |
| ON-SITE SYSTEM 1               |  |  |  |  | ON-SITE SYSTEM 2               |  |         |  |   |  |  |  |  |  |
| On-site system type<br>Page 19 |  |  |  |  | On-site system type<br>Page 19 |  |         |  |   | Quantity treated, disposed or recycled on site in 1992 |  |  |  |  |

|          |   |  |                                      |  |  |  |  |  |
|----------|---|--|--------------------------------------|--|--|--|--|--|
| Sec. III | A. Was any of this waste shipped off site in 1992?<br>Instruction Page 20 |  |                                      |  | <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B)<br><input type="checkbox"/> 2 No (SKIP TO SEC. IV) |  |  |  |
| Site 1   | B. EPA ID No. of facility waste was shipped to<br>Page 20                 |  | C. System type shipped to<br>Page 20 |  | D. Off-site availability code<br>Page 21   |  | E. Total quantity shipped in 1992<br>Page 21 |  |
| Site 2   | B. EPA ID No. of facility waste was shipped to<br>Page 20                 |  | C. System type shipped to<br>Page 20 |  | D. Off-site availability code<br>Page 21   |  | E. Total quantity shipped in 1992<br>Page 21 |  |

|                        |  |                             |  |   |  |  |  |  |  |  |
|------------------------|--|-----------------------------|--|---|--|--|--|--|--|--|
| Sec. IV                | A. Did new activities in 1992 result in minimization of this waste?<br>Instruction Page 22 |                             |  |   |  | <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B)<br><input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE) |  |  |  |  |
| B. Activity<br>Page 22 |  | C. Other effects<br>Page 22 |  | D. Quantity recycled in 1992 due to new activities<br>Page 23 |  | E. Activity/production index<br>Page 23  |  | F. 1992 Source reduction quantity<br>Page 24 |  |  |

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|  |   |  |  |  |  |  |                           |  |                                    |  |                         |  |                                      |  |
|--|---|--|--|--|--|--|---------------------------|--|------------------------------------|--|-------------------------|--|--------------------------------------|--|
| Sec. I                                 | A. Waste description<br>Instruction Page 15 |  |  |  |  | ORM-A CONTAMINATED SOLVENT; MIXTURE OF 1,1,1, TRICHLOROETHANE AND MINERAL OIL. |                           |  |                                    |  |                         |  |                                      |  |
| B. EPA hazardous waste code<br>Page 15 |   |  |  |  | C. State hazardous waste code<br>Page 15 |  |                           |  |                                    |  |                         |  |                                      |  |
| D. SIC code<br>Page 16                 |   |  |  |  | E. Origin code<br>Page 16                |  | F. Source code<br>Page 17 |  | G. Point of measurement<br>Page 17 |  | H. Form code<br>Page 17 |  | I. RCRA-radioactive mixed<br>Page 17 |  |
| J. Reported TRI constituent<br>Page 18 |   |  |  |  | K. CAS numbers<br>Page 18                |  |                           |  |                                    |  |                         |  |                                      |  |

|                  |  |  |  |                  |                   |  |         |  |   |  |  |  |
|------------------|--|--|--|------------------|-------------------|--|---------|--|---|--|--|--|
| Sec. II          | A. Quantity generated in 1991<br>Instruction Page 18 |  | B. Quantity generated in 1992<br>Page 18 |                  | C. UOM<br>Page 19 |  | Density |  | D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW?<br>Page 19 |  |  |  |
| ON-SITE SYSTEM 1 |  | Quantity treated, disposed or recycled on site in 1992 |  | ON-SITE SYSTEM 2 |                   | Quantity treated, disposed or recycled on site in 1992 |         |  |   |  |  |  |

|          |   |  |                                      |  |  |  |  |  |  |  |
|----------|---|--|--------------------------------------|--|--|--|--|--|--|--|
| Sec. III | A. Was any of this waste shipped off site in 1992?<br>Instruction Page 20 |  |                                      |  |  | <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B)<br><input type="checkbox"/> 2 No (SKIP TO SEC. IV) |  |  |  |  |
| Site 1   | B. EPA ID No. of facility waste was shipped to<br>Page 20                 |  | C. System type shipped to<br>Page 20 |  | D. Off-site availability code<br>Page 21 |  | E. Total quantity shipped in 1992<br>Page 21 |  |  |  |
| Site 2   | B. EPA ID No. of facility waste was shipped to<br>Page 20                 |  | C. System type shipped to<br>Page 20 |  | D. Off-site availability code<br>Page 21 |  | E. Total quantity shipped in 1992<br>Page 21 |  |  |  |

|                        |  |                             |  |   |  |  |  |  |  |  |
|------------------------|--|-----------------------------|--|---|--|--|--|--|--|--|
| Sec. IV                | A. Did new activities in 1992 result in minimization of this waste?<br>Instruction Page 22 |                             |  |   |  | <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B)<br><input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE) |  |  |  |  |
| B. Activity<br>Page 22 |  | C. Other effects<br>Page 22 |  | D. Quantity recycled in 1992 due to new activities<br>Page 23 |  | E. Activity/production index<br>Page 23  |  | F. 1992 Source reduction quantity<br>Page 24 |  |  |

Comments:

BEFORE COPYING FORM,  
ENTER:

SITE NAME

CHASE LABORATORIES, INC

EPA ID NO.

WJ00022046

1992 Hazardous Waste Report

FORM  
GM

WASTE GENERATION AND  
MANAGEMENT

**INSTRUCTIONS:** Read the detailed instructions beginning on page 13 of the 1992 Hazardous Waste Report booklet before completing this form.

|  |   |  |                                    |  |                                      |      |  |
|--|---|--|------------------------------------|--|--------------------------------------|------|--|
| Sec. I                                 | A. Waste description<br>Instruction Page 15   | PIOSON B SPENT CHEMICAL USED FOR TESTING VITAMIN INGREDIENTS SPECIFICLY B VITAMINS, CONSISTING OF CYNOPEN BROMIDE AND WATER. |                                    |  |                                      |      |  |
| B. EPA hazardous waste code<br>Page 15 |   | D1002  |                                    | C. State hazardous waste code<br>Page 15 |                                      | 4192 |  |
| D. SIC code<br>Page 18                 | E. Origin code<br>Page 16   | F. Source code<br>Page 17  | G. Point of measurement<br>Page 17 | H. Form code<br>Page 17                  | I. RCRA-radioactive mixed<br>Page 17 |      |  |
| 2834                                   | System type<br>MI M4  | 1A159  | 8                                  | B1102                                    | 2                                    |      |  |
| J. Reported TRI constituent<br>Page 18 | K. CAS numbers<br>Page 18   |  |                                    |  |                                      |      |  |
| 1                                      | 1. _____ - _____ - _____ 2. _____ - _____ - _____<br>3. _____ - _____ - _____ 4. _____ - _____ - _____ 5. _____ - _____ - _____ |  |                                    |  |                                      |      |  |

|                                |  |  |                                |         |   |
|--------------------------------|--|--|--------------------------------|---------|---|
| Sec. II                        | A. Quantity generated in 1991<br>Instruction Page 18 | B. Quantity generated in 1992<br>Page 18 | C. UOM<br>Page 19              | Density | D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW?<br>Page 19 |
|                                | _____ .0   | _____ 50.0                               | 5                              | DK      | <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1)<br><input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)                              |
| ON-SITE SYSTEM 1               |  |  | ON-SITE SYSTEM 2               |         |   |
| On-site system type<br>Page 19 |  |  | On-site system type<br>Page 19 |         |   |
| MI                             |  |  | MI                             |         |   |

|  |   |                                      |  |  |
|--|---|--------------------------------------|--|--|
| Sec. III   | A. Was any of this waste shipped off site in 1992?<br>Instruction Page 20 |                                      |  |  |
| <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B)<br><input type="checkbox"/> 2 No (SKIP TO SEC. IV) |   |                                      |  |  |
| Site 1   | B. EPA ID No. of facility waste was shipped to<br>Page 20                 | C. System type shipped to<br>Page 20 | D. Off-site availability code<br>Page 21 | E. Total quantity shipped in 1992<br>Page 21 |
|  | WJ00022046  | MI046                                | 4  | _____ 50.0                                   |
| Site 2   | B. EPA ID No. of facility waste was shipped to<br>Page 20                 | C. System type shipped to<br>Page 20 | D. Off-site availability code<br>Page 21 | E. Total quantity shipped in 1992<br>Page 21 |
|  | _____   | MI                                   |  | _____  |

|  |  |   |   |  |  |
|--|--|---|---|--|--|
| Sec. IV  | A. Did new activities in 1992 result in minimization of this waste?<br>Instruction Page 22 |   |   |  |  |
| <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B)<br><input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE) |  |   |   |  |  |
| B. Activity<br>Page 22   | C. Other effects<br>Page 22  | D. Quantity recycled in 1992 due to new activities<br>Page 23 | E. Activity/production index<br>Page 23 | F. 1992 Source reduction quantity<br>Page 24 |  |
| WI WI  | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No                            | _____   | _____                                   | _____  |  |

Comments:

BEFORE COPYING FORM,  
ENTER:

SITE NAME CHASE LABORATORIES, INC

EPA ID NO.

USP 053 E22 2311

1992 Hazardous Waste Report

FORM  
GM

WASTE GENERATION AND  
MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1992 Hazardous Waste Report booklet before completing this form.

|   |   |  |   |                                 |  |
|---|---|--|---|---------------------------------|--|
| Sec. I  | A. Waste description<br>Instruction Page 15<br>VARIOUS WASTE CLASSES OF EXPIRED, OUTDATED AND OBSOLETE LABORATORY CHEMICALS USED TO TEST VITAMIN INGREDIENTS, |  |   |                                 |  |
| B. EPA hazardous waste code<br>Page 15<br>D001 D003<br>U213 P010 U190 |   | C. State hazardous waste code<br>Page 15<br>NA |   |                                 |  |
| D. SIC code<br>Page 18<br>2834  | E. Origin code<br>Page 16<br>L<br>System type<br>MI MA  | F. Source code<br>Page 17<br>A94               | G. Point of measurement<br>Page 17<br>8 | H. Form code<br>Page 17<br>B001 |  |
| I. RCRA-radioactive mixed<br>Page 17<br>2                             |   | J. Reported TRI constituent<br>Page 18<br>1    |   |                                 |  |
| K. CAS numbers<br>Page 18<br>1. 2. 3. 4. 5.                           |   |  |   |                                 |  |

|  |   |  |   |   |
|--|---|--|---|---|
| Sec. II  | A. Quantity generated in 1991<br>Instruction Page 18<br>0 | B. Quantity generated in 1992<br>Page 18<br>736.0        | C. UOM<br>Page 19<br>L<br>Density<br>DK | D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW?<br>Page 19<br><input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1)<br><input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III) |
| ON-SITE SYSTEM 1<br>On-site system type<br>Page 19<br>MI |   | ON-SITE SYSTEM 2<br>On-site system type<br>Page 19<br>MI |   |   |

|          |   |  |   |   |  |
|----------|---|--|---|---|--|
| Sec. III | A. Was any of this waste shipped off site in 1992?<br>Instruction Page 20<br><input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B)<br><input type="checkbox"/> 2 No (SKIP TO SEC. IV) |  |   |   |  |
| Site 1   | B. EPA ID No. of facility waste was shipped to<br>Page 20<br>ARD 069 748 1912   | C. System type shipped to<br>Page 20<br>MI 043 | D. Off-site availability code<br>Page 21<br>L | E. Total quantity shipped in 1992<br>Page 21<br>736.0 |  |
| Site 2   | B. EPA ID No. of facility waste was shipped to<br>Page 20   | C. System type shipped to<br>Page 20<br>MI     | D. Off-site availability code<br>Page 21      | E. Total quantity shipped in 1992<br>Page 21          |  |

|                                 |  |   |   |  |  |
|---------------------------------|--|---|---|--|--|
| Sec. IV                         | A. Did new activities in 1992 result in minimization of this waste?<br>Instruction Page 22<br><input type="checkbox"/> 1 Yes (CONTINUE TO BOX B)<br><input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE) |   |   |  |  |
| B. Activity<br>Page 22<br>WI WI | C. Other effects<br>Page 22<br><input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No   | D. Quantity recycled in 1992 due to new activities<br>Page 23 | E. Activity/production index<br>Page 23 | F. 1992 Source reduction quantity<br>Page 24 |  |

Comments:



BEFORE COPYING FORM,  
ENTER:

SITE NAME CHASE LABORATORIES, INC

EPA ID NO.

MSD 053 522 234

1992 Hazardous Waste Report

FORM  
GM

WASTE GENERATION AND  
MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1992 Hazardous Waste Report booklet before completing this form.

Sec.  
I

A. Waste description  
Instruction Page 15

NON DOT/NON RCRA X900 WASTE WATER WITH TRACES OF MINERAL OIL,  
NAPTHA AND RUBBER SOLVENT.

B. EPA hazardous waste code  
Page 15

MA

C. State hazardous waste code  
Page 15

X900

D. SIC code  
Page 18

2234

E. Origin code  
Page 18

L

System type

ML MA

F. Source code  
Page 17

AS7

G. Point of measurement  
Page 17

8

H. Form code  
Page 17

BL01

I. RCRA-radioactive mixed  
Page 17

2

J. Reported TRI constituent  
Page 18

1

K. CAS numbers  
Page 18

1. 2. 3. 4. 5.

Sec.  
II

A. Quantity generated in 1991  
Instruction Page 18

0

B. Quantity generated in 1992  
Page 18

165.0

C. UOM  
Page 19

Density

5

DK

1 lbs/gal 2 sg

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW?  
Page 18

1 Yes (CONTINUE TO SYSTEM 1)  
2 No (SKIP TO SEC. III)

ON-SITE SYSTEM 1

On-site system type  
Page 19

ML

Quantity treated, disposed or recycled on site in 1992

ON-SITE SYSTEM 2

On-site system type  
Page 19

ML

Quantity treated, disposed or recycled on site in 1992

Sec.  
III

A. Was any of this waste shipped off site in 1992?  
Instruction Page 20

1 Yes (CONTINUE TO BOX B)  
2 No (SKIP TO SEC. IV)

Site  
1

B. EPA ID No. of facility waste was shipped to  
Page 20

MSD 002 200 946

C. System type shipped to  
Page 20

ML 032

D. Off-site availability code  
Page 21

1

E. Total quantity shipped in 1992  
Page 21

165.0

Site  
2

B. EPA ID No. of facility waste was shipped to  
Page 20

C. System type shipped to  
Page 20

ML

D. Off-site availability code  
Page 21

E. Total quantity shipped in 1992  
Page 21

Sec.  
IV

A. Did new activities in 1992 result in minimization of this waste?  
Instruction Page 22

1 Yes (CONTINUE TO BOX B)  
2 No (THIS FORM IS COMPLETE)

B. Activity  
Page 22

W W  
W W

C. Other effects  
Page 22

1 Yes  
2 No

D. Quantity recycled in 1992 due to new activities  
Page 23

E. Activity/production index  
Page 23

F. 1992 Source reduction quantity  
Page 24

Comments: SEC III., C. WASTE WATER TREATMENT/FUELS BLENDING

BEFORE COPYING FORM,  
ENTER:

SITE NAME CHASE LABORATORIES, INC

1992 Hazardous Waste Report

EPA ID NO.

FORM  
GM

WASTE GENERATION AND  
MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1992 Hazardous Waste Report booklet before completing this form.

|   |                           |                                       |  |                         |                                      |
|---|---------------------------|---------------------------------------|--|-------------------------|--------------------------------------|
| <b>Sec. I</b> A. Waste description<br>Instruction Page 15 |                           |                                       |  |                         |                                      |
| B. EPA hazardous waste code<br>Page 15                    |                           |                                       | C. State hazardous waste code<br>Page 15 |                         |                                      |
| D. SIC code<br>Page 16                                    | E. Origin code<br>Page 16 | F. Source code<br>Page 17             | G. Point of measurement<br>Page 17       | H. Form code<br>Page 17 | I. RCRA-radioactive mixed<br>Page 17 |
|   | System type               |                                       |  |                         |                                      |
| J. Reported TRI constituent<br>Page 18                    |                           | K. CAS numbers<br>Page 18             |  |                         |                                      |
|   |                           | 1. - - 2. - -<br>3. - - 4. - - 5. - - |  |                         |                                      |

|   |  |  |                           |   |
|---|--|--|---------------------------|---|
| <b>Sec. II</b> A. Quantity generated in 1991<br>Instruction Page 18 |  | B. Quantity generated in 1992<br>Page 18               | C. UOM Density<br>Page 19 | D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW?<br>Page 19 |
|   |  |  |                           | <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1)<br><input type="checkbox"/> 2 No (SKIP TO SEC. III)   |
| <b>ON-SITE SYSTEM 1</b>   |  |  |                           |   |
| On-site system type<br>Page 19                                      |  | Quantity treated, disposed or recycled on site in 1992 |                           |   |
|   |  |  |                           |   |
| <b>ON-SITE SYSTEM 2</b>   |  |  |                           |   |
| On-site system type<br>Page 19                                      |  | Quantity treated, disposed or recycled on site in 1992 |                           |   |
|   |  |  |                           |   |

|   |   |                                      |  |  |
|---|---|--------------------------------------|--|--|
| <b>Sec. III</b> A. Was any of this waste shipped off site in 1992?<br>Instruction Page 20             |   |                                      |  |  |
| <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B)<br><input type="checkbox"/> 2 No (SKIP TO SEC. IV) |   |                                      |  |  |
| Site 1  | B. EPA ID No. of facility waste was shipped to<br>Page 20 | C. System type shipped to<br>Page 20 | D. Off-site availability code<br>Page 21 | E. Total quantity shipped in 1992<br>Page 21 |
|   |   |                                      |  |  |
| Site 2  | B. EPA ID No. of facility waste was shipped to<br>Page 20 | C. System type shipped to<br>Page 20 | D. Off-site availability code<br>Page 21 | E. Total quantity shipped in 1992<br>Page 21 |
|   |   |                                      |  |  |

|   |   |   |   |  |  |
|---|---|---|---|--|--|
| <b>Sec. IV</b> A. Did new activities in 1992 result in minimization of this waste?<br>Instruction Page 22   |   |   |   |  |  |
| <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B)<br><input type="checkbox"/> 2 No (THIS FORM IS COMPLETE) |   |   |   |  |  |
| B. Activity<br>Page 22  | C. Other effects<br>Page 22                                     | D. Quantity recycled in 1992 due to new activities<br>Page 23 | E. Activity/production index<br>Page 23 | F. 1992 Source reduction quantity<br>Page 24 |  |
|   |   |   |   |  |  |
|   | <input type="checkbox"/> 1 Yes<br><input type="checkbox"/> 2 No |   |   |  |  |

Comments:

LIST OF HAZARDOUS WASTE MANIFESTS (OVER)

DOCUMENT NUMBERDATE SHIPPED

|            |          |
|------------|----------|
| NJA1387691 | 03/06/92 |
| NJA1403732 | 04/02/92 |
| NJA1240133 | 04/08/92 |
| NJA1240134 | 04/08/92 |
| NJA1151801 | 06/11/92 |
| AR-559476  | 07/20/92 |
| NJA0761129 | 07/23/92 |
| NJA1507298 | 08/13/92 |
| NJA1507299 | 08/13/92 |
| AR-559483  | 09/03/92 |
| NJA0761131 | 09/24/92 |
| NJA1389053 | 10/23/92 |
| NYB4334112 | 11/09/92 |
| NJA1552321 | 12/17/92 |





Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-9

AR-11-91

| UNIFORM HAZARDOUS WASTE MANIFEST   |  | 1. Generator's US EPA ID No. <b>535</b>                                |  | Manifest Document No. <b>888</b>   |  | 2. Page 1 of 5  |  | Information in the shaded areas is not required by Federal law. |  |
|--|--|--|--|--|--|---|--|---|--|
| 3. Generator's Name and Mailing Address<br><b>Chase Pharmaceuticals<br/>280 Chestnut Street<br/>Newark, NJ 07105</b>   |  | 4. Generator's Phone ( <b>201</b> ) <b>589-8181</b>                    |  | 5. Transporter 1 Company Name<br><b>Continental Vanguard, Inc.</b>   |  | 6. US EPA ID Number<br><b>NJ D 06 7387514</b>             |  | A. State Manifest Document Number<br><b>AR- 559476</b>          |  |
| 7. Transporter 2 Company Name  |  | 8. US EPA ID Number  |  | 9. Designated Facility Name and Site Address<br><b>ENSCO, Inc.<br/>American Oil Road<br/>El Dorado, AR 71730</b> |  | 10. US EPA ID Number<br><b>AR D 06 917481912</b>          |  | B. State Generator's ID<br><b>SAME</b>                          |  |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)   |  | 12. Containers   |  | 13. Total Quantity   |  | 14. Unit Wt/Vol   |  | C. State Transporter's ID<br><b>PG 1025H 934</b>                |  |
| a. Waste Flammable Liquid, N.O.S.<br>(Morpholine, Butylamine)<br>Flammable Liquid UN1993 Erg.No. 27  |  | 0 0 1 D F  |  | 0 0 0 6 0  |  | P   |  | D. Transporter's Phone (800) <b>622-2521</b>                    |  |
| b. Waste Flammable Liquid, Corrosive, N.O.S.<br>(Acetic Acid, Hexane)<br>Flammable Liquid UN2924 Erg.No. 29  |  | 0 0 2 D F  |  | 0 0 0 4 0  |  | P   |  | E. State Transporter's ID<br><b>PG</b>                          |  |
| c. Waste Tetrahydrofuran<br>Flammable Liquid UN2056 Erg.No. 26   |  | 0 0 1 D F  |  | 0 0 0 2 0  |  | P   |  | F. Transporter's Phone  |  |
| d. Waste Sodium Methoxide<br>Flammable Liquid NA1289 Erg.No. 26  |  | 0 0 1 D F  |  | 0 0 0 2 0  |  | P   |  | G. State Facility's ID<br><b>N/A</b>                            |  |
| J. Additional Descriptions for Materials Listed Above  |  | K. Handling Codes for Wastes Listed Above                              |  | 15. Special Handling Instructions and Additional Information   |  | 16. Discrepancy Indication Space                          |  | H. Facility's Phone<br><b>(501) 863-7173</b>                    |  |
| a. S/I WMS 152061 C. S/I,T WMS 152061 also D001  |  | EMERGENCY RESPONSE INFORMATION:<br><b>(201) 589-8181<br/>Ben Buzby</b> |  | 17. Transporter 1 Acknowledgement of Receipt of Materials  |  | 18. Transporter 2 Acknowledgement of Receipt of Materials |  | I. Facility's Name<br><b>EST. WEIGHT DISCREPANCY</b>            |  |
| b. S/I,C WMS 152061 also D002 d. S/I WMS 152061  |  | If no alternate TSDF, return to generator <b>REC'D 696#</b>            |  | Printed/Typed Name<br><b>BEN BUSBY</b>   |  | Signature<br><i>Ben Busby</i>                             |  | Month Day Year<br><b>07.20.92</b>                               |  |
| 15. Special Handling Instructions and Additional Information<br><b>NJDEPS 3516-15500</b>   |  | Load Number <b>71304</b>   |  | Printed/Typed Name<br><b>Ken Daugherty</b>   |  | Signature<br><i>Ken Daugherty</i>                         |  | Month Day Year<br><b>07.20.92</b>                               |  |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and a classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and nation government regulations and Arkansas state regulations.<br>If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present or future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. |  | 17. Discrepancy Indication Space                                       |  | Printed/Typed Name<br><b>Loretta C. Bailey</b>   |  | Signature<br><i>Loretta C. Bailey</i>                     |  | Month Day Year<br><b>07.23.92</b>                               |  |

|  |  |  |   |                        |  |           |
|--|--|--|---|------------------------|--|-----------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)</b>   |  | 21. Generator's US EPA ID No.<br><b>535 880</b><br>N J D 035322231 | Manifest Document No.<br><b>92148</b>                             | 22. Page<br><b>2/5</b> | Information in the shaded areas is not required by Federal law.                      |           |
| 23. Generator's Name<br>Chase Pharmaceuticals<br>280 Chestnut Street<br>Newark, NJ 07105             |  |  | 24. Transporter Company Name<br><b>Continental Vanguard, Inc.</b> |                        | 25. US EPA ID Number<br><b>NJ0067387514</b>  |           |
| 26. Transporter Company Name   |  |  | 27. US EPA ID Number  |                        | 28. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) |           |
| 29. Containers   |  |  | 30. Total Quantity  |                        | 31. Unit Wt/Vol  |           |
| No.  |  |  | Type  |                        | Waste No.  |           |
| a.   | Waste Acetyl Chloride  |  |   |                        |  |           |
| X  | Flammable Liquid UN1717 Erg.No. 29   |  | 0 0 1   | D F                    | 0 0 0 2 0  | P U 0 0 6 |
| b.   | Waste Ammonium Sulfide Solution  |  |   |                        |  |           |
| X  | Flammable Liquid UN2683 Erg.No. 28   |  | 0 0 1   | D F                    | 0 0 0 2 0  | P D 0 0 1 |
| c.   | Waste Water Reactive Solid, N.O.S. (Sodium Borohydride)                    |  |   |                        |  |           |
| X  | Flammable Solid UN2813 Erg.No. 40  |  | 0 0 1   | D F                    | 0 0 0 2 0  | P D 0 0 3 |
| d.   | Waste Water Reactive Solid, N.O.S. (Sodium Hydrosulfite, Sodium Methoxide) |  |   |                        |  |           |
| X  | Flammable Solid UN2813 Erg.No. 40  |  | 0 0 1   | D F                    | 0 0 0 2 0  | P D 0 0 3 |
| e.   | Waste Sodium Metal Dispersion in Organic Solvent                           |  |   |                        |  |           |
| X  | Flammable Solid UN1429 Erg.No. 40  |  | 0 0 1   | D F                    | 0 0 0 2 0  | P D 0 0 3 |
| f.   | Waste Flammable Solid, N.O.S. (Iron Powder)                                |  |   |                        |  |           |
| X  | Flammable Solid UN1325 Erg.No. 32  |  | 0 0 1   | D F                    | 0 0 0 2 0  | P D 0 0 1 |
| g.   | Waste Oxidizer, Poison Liquid, N.O.S. (Osmium Tetroxide)                   |  |   |                        |  |           |
| X  | Oxidizer NA9199 Erg.No. 44   |  | 0 0 1   | D F                    | 0 0 0 2 0  | P P 0 8 7 |
| h.   | Waste Sodium Peroxide  |  |   |                        |  |           |
| X  | Oxidizer UN1504 Erg.No. 47   |  | 0 0 1   | D F                    | 0 0 0 2 0  | P D 0 0 1 |
| i.   | Waste Nitric Acid  |  |   |                        |  |           |
| X  | Oxidizer UN2031 Erg.No. 44   |  | 0 0 1   | D F                    | 0 0 0 2 0  | P D 0 0 1 |
| S. Additional Descriptions for Materials Listed Above  |  |  | T. Handling Codes for Wastes Listed Above                         |                        |  |           |
| a. S/I, T WMS 152061 also D001   |  |  | f. S/I WMS 152061 also D001                                       |                        |  |           |
| b. S/I WMS 152061  |  |  | g. S/H WMS 152061 also D001                                       |                        |  |           |
| c. S/R, I WMS 152061 also D001   |  |  | h. S/I WMS 152061 also D001                                       |                        |  |           |
| d. S/R, I WMS 152061 also D001   |  |  | i. S/I, C WMS 152061 also D002                                    |                        |  |           |
| e. S/R, I WMS 152061 also D001   |  |  |   |                        |  |           |
| 32. Special Handling Instructions and Additional Information <b>Emergency Contact (201) 589-8181</b> |  |  |   |                        |  |           |
| <b>NJDEPS 3S16-15500</b>   |  |  |   |                        |  |           |
| Load Number <b>71304</b>   |  |  | *All Weights Are Estimated  |                        |  |           |
| 33. Transporter Acknowledgement of Receipt of Materials  |  |  | Signature   |                        | Date   |           |
| Printed/Typed Name<br><b>Ken Dougherty</b>   |  |  | <b>Ken Dougherty</b>  |                        | Month Day Year<br><b>07 20 92</b>  |           |
| 34. Transporter Acknowledgement of Receipt of Materials  |  |  | Signature   |                        | Date   |           |
| Printed/Typed Name   |  |  | Signature   |                        | Month Day Year   |           |
| 35. Discrepancy Indication Space   |  |  |   |                        |  |           |

|  |  |  |                                |  |   |         |
|--|--|--|--------------------------------|--|---|---------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b><br>(Continuation Sheet)                                |  | 21. Generator's US EPA ID No.<br><b>535 BPO</b><br>N J D 035322231 | Manifest Document No.<br>92148 | 22. Page<br>3/5                                | Information in the shaded areas is not required by Federal law. |         |
| 23. Generator's Name<br>Chase Pharmaceuticals<br>280 Chestnut Street<br>Newark, NJ 07105       |  |  |                                | L. State Manifest Document Number<br>AR-559476 |   |         |
| 24. Transporter Company Name<br><b>Continental Vanguard, Inc.</b>                              |  |  |                                | M. State Generator's ID<br>SAME                |   |         |
| 25. US EPA ID Number<br><b>NJD067387514</b>  |  |  |                                | N. State Transporter's ID<br>PC 1025 H 334     |   |         |
| 26. Transporter Company Name   |  |  |                                | O. Transporter's Phone<br>(908) 621-2527       |   |         |
| 27. US EPA ID Number   |  |  |                                | P. State Transporter's ID                      |   |         |
|  |  |  |                                | Q. Transporter's Phone                         |   |         |
| 28. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)           |  | 29. Containers   | 30. Total Quantity             | 31. Unit Wt/Vol                                | R. Waste No.  |         |
|  |  | No.  | Type                           |  |   |         |
| a.   | Waste Oxidizer, Corrosive Solid, N.O.S.<br>(Phosphomolybdic Acid)<br>X Oxidizer NA9194 Erg.No. 45                          | 0 0 1  | D F                            | 0 0 0 2 0                                      | P   | D 0 0 1 |
| b.   | Waste Oxidizer, N.O.S.<br>(Silver Nitrate, Lead Nitrate)<br>X Oxidizer UN1479 Erg.No. 35                                   | 0 0 1  | D F                            | 0 0 0 6 0                                      | P   | D 0 0 1 |
| c.   | Waste Corrosive Liquid, N.O.S.<br>(Phenyldisulfonic Acid, Acetic Acid)<br>X Corrosive Material UN1760 Erg.No. 60           | 0 0 1  | D F                            | 0 0 0 2 0                                      | P   | D 0 0 2 |
| d.   | Waste Corrosive Liquid, N.O.S.<br>(Formic Acid, Acetic Acid)<br>X Corrosive Material UN1760 Erg.No. 60                     | 0 0 1  | D F                            | 0 0 0 2 0                                      | P   | U 1 2 3 |
| e.   | Waste Corrosive Solid, N.O.S.<br>(Iodine)<br>X Corrosive Material UN1759 Erg.No. 60  | 0 0 2  | D F                            | 0 0 0 4 0                                      | P   | N R     |
| f.   | Waste Corrosive Liquid, N.O.S.<br>(Hydrochloric Acid, Sulfuric Acid)<br>X Corrosive Material UN1760 Erg.No. 60             | 0 0 1  | D F                            | 0 0 0 2 0                                      | P   | D 0 0 2 |
| g.   | Waste Corrosive Liquid, N.O.S.<br>(Gold Chloride, Platinum Chloride)<br>X Corrosive Material UN1760 Erg.No. 60             | 0 0 1  | D F                            | 0 0 0 2 0                                      | P   | D 0 0 2 |
| h.   | Waste Corrosive Liquid, N.O.S.<br>(Bromine)(Poison Inhalation Hazard)<br>X Corrosive Material UN1760 Erg.No. 60            | 0 0 2  | D F                            | 0 0 0 4 0                                      | P   | D 0 0 2 |
| i.   | Waste Corrosive Liquid, N.O.S.<br>(Antimony Trichloride, Titanium Tetrachloride)<br>X Corrosive Material UN1760 Erg.No. 60 | 0 0 1  | D F                            | 0 0 0 2 0                                      | P   | D 0 0 2 |
| S. Additional Descriptions for Materials Listed Above  |  |  |                                | T. Handling Codes for Wastes Listed Above      |   |         |
| a. S/I WMS 152061  |  |  |                                | f. S/C WMS 152061                              |   |         |
| b. S/I,E WMS 152061 also D008,D011   |  |  |                                | g. S/C WMS 152061                              |   |         |
| c. S/C WMS 152061  |  |  |                                | h. S/C WMS 152061                              |   |         |
| d. S/C,T WMS 152061 also D002  |  |  |                                | i. S/C WMS 152061                              |   |         |
| e. S/ WMS 152061   |  |  |                                |  |   |         |
| 32. Special Handling Instructions and Additional Information Emergency Contact: (201) 589-8181 |  |  |                                |  |   |         |
| NJDEPS 3516-15500  |  |  |                                |  |   |         |
| Load Number 71304 *All Weights Are Estimated   |  |  |                                |  |   |         |
| TRANSPORTER  | 33. Transporter Acknowledgement of Receipt of Materials  |  |                                |  | Date  |         |
|  | Printed/Typed Name<br>Ken Daugherty  |  | Signature<br>Ken Daugherty     |  | Month Day Year<br>07/20/92                                      |         |
| FACILITY   | 34. Transporter Acknowledgement of Receipt of Materials  |  |                                |  | Date  |         |
|  | Printed/Typed Name   |  | Signature                      |  | Month Day Year  |         |
| 35. Discrepancy Indication Space   |  |  |                                |  |   |         |



|   |   |   |                                   |   |                                   |   |              |
|---|---|---|-----------------------------------|---|-----------------------------------|---|--------------|
| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b><br>(Continuation Sheet)   |   | 21. Generator's US EPA ID No.<br><b>535 BPO</b><br>N J D 095922231  | Manifest Document No.<br>92148    |   | 22. Page<br>4/5                   | Information in the shaded areas is not required by Federal law. |              |
| 23. Generator's Name<br>Chase Pharmaceuticals<br>280 Chestnut Street<br>Newark, NJ 07105  |   |   |                                   | L. State Manifest Document Number<br>AR- 559476   |                                   |   |              |
| 24. Transporter Company Name<br><b>Continental Vanguard, Inc</b>  |   |   |                                   | 25. US EPA ID Number<br><b>ND067387514</b>        |                                   |   |              |
| 26. Transporter Company Name  |   |   |                                   | 27. US EPA ID Number                              |                                   |   |              |
|   |   |   |                                   | N. State Transporter's ID<br><b>NC 1025 H 334</b> |                                   |   |              |
|   |   |   |                                   | O. Transporter's Phone<br><b>(800) 622-7527</b>   |                                   |   |              |
|   |   |   |                                   | P. State Transporter's ID                         |                                   |   |              |
|   |   |   |                                   | Q. Transporter's Phone                            |                                   |   |              |
| 28. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)  |   |   |                                   | 29. Containers                                    | 30. Total Quantity                | 31. Unit Wt/Vol   | R. Waste No. |
| HM  | No.   | Type  |                                   |   |                                   |   |              |
| a.  | X   | Waste Iodine Monochloride<br>Corrosive Material UN1792<br>Erg.No. 59  | 001                               | DF  | 00020                             | P   | D002         |
| b.  | X   | Waste Corrosive Liquid, Poison, N.O.S.<br>(Phenylhydrazine)<br>Corrosive Material UN2922<br>Erg.No. 59        | 001                               | DF  | 00020                             | P   | D002         |
| c.  | X   | Waste Alkaline (Corrosive) Liquid, N.O.S.<br>(Potassium Hydroxide)<br>Corrosive Material NA1719<br>Erg.No. 60 | 001                               | DF  | 00060                             | P   | D002         |
| d.  | X   | Waste Poison B Solid, N.O.S.<br>(Phthalicanhydride)<br>Poison B UN2811<br>Erg.No. 53                          | 001                               | DF  | 00020                             | P   | U190         |
| e.  | X   | Waste Arsenic Acid, Solution<br>Poison B UN1553<br>Erg.No. 55   | 001                               | DF  | 00020                             | P   | P010         |
| f.  | X   | Waste Poison B Liquid, N.O.S.<br>(Phthalic Anhydride)<br>Poison B UN2810<br>Erg.No. 55                        | 001                               | DF  | 00060                             | P   | U190         |
| g.  | X   | Waste Poison B Liquid, N.O.S.<br>(Phenol Nitrobenzene)<br>Poison B UN2810<br>Erg.No. 55                       | 001                               | DF  | 00060                             | P   | U169         |
| h.  | X   | Waste ORM-A, N.O.S.<br>(Formamide)<br>ORM-A NA1693<br>Erg.No. 58  | 001                               | DF  | 00020                             | P   | NR           |
| i.  | X   | Waste Ammonium Oxalate<br>ORM-A NA2449<br>Erg.No. 54  | 001                               | DF  | 00020                             | P   | NR           |
| S. Additional Descriptions for Materials Listed Above   |   |   |                                   | T. Handling Codes for Wastes Listed Above         |                                   |   |              |
| a. S/C WMS 152061   |   |   |                                   | f. S/T WMS 152061                                 |                                   |   |              |
| b. S/C WMS 152061   |   |   |                                   | g. S/T WMS 152061                                 |                                   |   |              |
| c. S/C WMS 152061   |   |   |                                   | h. S/ WMS 152061                                  |                                   |   |              |
| d. S/T WMS 152061   |   |   |                                   | i. S/ WMS 152061                                  |                                   |   |              |
| e. S/H,E WMS 152061 also D004   |   |   |                                   |   |                                   |   |              |
| 32. Special Handling Instructions and Additional Information <b>Emergency Contact: (201) 589-8181</b><br><b>NDDEPS 3516-15500</b> |   |   |                                   |   |                                   |   |              |
| Load Number <b>71304</b>  |   |   |                                   | *All Weights Are Estimated                        |                                   |   |              |
| TRANSPORTER   | 33. Transporter Acknowledgement of Receipt of Materials |   |                                   |   | Date                              |   |              |
|   | Printed/Typed Name<br><b>Ken Daugherty</b>              |   | Signature<br><b>Ken Daugherty</b> |   | Month Day Year<br><b>07/20/92</b> |   |              |
| FACILITY  | 34. Transporter Acknowledgement of Receipt of Materials |   |                                   |   | Date                              |   |              |
|   | Printed/Typed Name                                      |   | Signature                         |   | Month Day Year                    |   |              |
| 35. Discrepancy Indication Space  |   |   |                                   |   |                                   |   |              |

| <b>UNIFORM HAZARDOUS WASTE MANIFEST</b><br><b>(Continuation Sheet)</b>   |    | 21. Generator's US EPA ID No.                                    |            | Manifest Document No.                   |         | 22. Page                                  |      | Information in the shaded areas is not required by Federal law. |           |        |           |  |  |                         |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |                        |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |   |  |  |  |  |  |  |  |   |  |                           |            |       |     |           |   |  |         |  |  |                         |  |  |  |  |  |  |  |  |  |                           |  |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|----|--|------------|---|---------|---|------|---|-----------|--------|-----------|--|--|-------------------------|--|--|--|--|--|--|--|---|--|--------------|------------|-------|-----|-----------|---|--|---------|--|--|------------------------|--|--|--|--|--|--|--|---|--|--------------|------------|-------|-----|-----------|---|--|-----|--|--|--|--|--|--|--|--|--|--|---|--|--------------|------------|-------|-----|-----------|---|--|-----|--|--|--|--|--|--|--|--|--|--|---|--|--------------|------------|-------|-----|-----------|---|--|---------|--|--|--|--|--|--|--|--|--|--|---|--|--------------|------------|-------|-----|-----------|---|--|---------|--|--|--|--|--|--|--|--|--|--|---|--|--------------|------------|-------|-----|-----------|---|--|---------|--|--|---|--|--|--|--|--|--|--|---|--|---------------------------|------------|-------|-----|-----------|---|--|---------|--|--|-------------------------|--|--|--|--|--|--|--|--|--|---------------------------|--|-------|-----|-----------|---|--|-----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |    | N J D 035322231  |            | 92148                                   |         | 5 / 5                                     |      |   |           |        |           |  |  |                         |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |                        |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |   |  |  |  |  |  |  |  |   |  |                           |            |       |     |           |   |  |         |  |  |                         |  |  |  |  |  |  |  |  |  |                           |  |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 23. Generator's Name<br>Chase Pharmaceuticals<br>280 Chestnut Street<br>Newark, NJ 07105   |    | 24. Transporter Company Name<br>Continental Vanguard, Inc        |            | 25. US EPA ID Number<br>NJD 067387514   |         | L. State Manifest Document Number         |      | M. State Generator's ID   |           |        |           |  |  |                         |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |                        |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |   |  |  |  |  |  |  |  |   |  |                           |            |       |     |           |   |  |         |  |  |                         |  |  |  |  |  |  |  |  |  |                           |  |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |    |  |            |   |         | AR- 559476                                |      | SAME  |           |        |           |  |  |                         |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |                        |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |   |  |  |  |  |  |  |  |   |  |                           |            |       |     |           |   |  |         |  |  |                         |  |  |  |  |  |  |  |  |  |                           |  |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 26. Transporter Company Name   |    | 27. US EPA ID Number   |            | N. State Transporter's ID PC 1025 H 334 |         | O. Transporter's Phone (908) 622-2527     |      | P. State Transporter's ID                                       |           |        |           |  |  |                         |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |                        |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |   |  |  |  |  |  |  |  |   |  |                           |            |       |     |           |   |  |         |  |  |                         |  |  |  |  |  |  |  |  |  |                           |  |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |    |  |            |   |         |   |      | Q. Transporter's Phone  |           |        |           |  |  |                         |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |                        |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |   |  |  |  |  |  |  |  |   |  |                           |            |       |     |           |   |  |         |  |  |                         |  |  |  |  |  |  |  |  |  |                           |  |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 28. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)   |    | 29. Containers   |            | 30. Total Quantity                      |         | 31. Unit Wt/Vol                           |      | R. Waste No.  |           |        |           |  |  |                         |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |                        |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |   |  |  |  |  |  |  |  |   |  |                           |            |       |     |           |   |  |         |  |  |                         |  |  |  |  |  |  |  |  |  |                           |  |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:5%;">a.</th> <th style="width:5%;">HM</th> <th style="width:55%;">Description</th> <th style="width:10%;">Erg.No.</th> <th style="width:10%;">No.</th> <th style="width:10%;">Type</th> <th style="width:10%;">Quantity</th> <th style="width:10%;">Unit</th> <th style="width:10%;">Wt/Vol</th> <th style="width:10%;">Waste No.</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>Waste Sodium Dichromate</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>X</td> <td></td> <td>ORM-A NA1479</td> <td>Erg.No. 35</td> <td>0 0 1</td> <td>D F</td> <td>0 0 0 2 0</td> <td>P</td> <td></td> <td>D 0 0 7</td> </tr> <tr> <td></td> <td></td> <td>Waste Sodium Bisulfite</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>X</td> <td></td> <td>ORM-B NA2693</td> <td>Erg.No. 60</td> <td>0 0 1</td> <td>D F</td> <td>0 0 0 2 0</td> <td>P</td> <td></td> <td>N R</td> </tr> <tr> <td></td> <td></td> <td>Hazardous Waste Solid, N.O.S. (Zinc Acetate, Ammonium Sulfamate)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>X</td> <td></td> <td>ORM-E NA9189</td> <td>Erg.No. 31</td> <td>0 0 1</td> <td>D F</td> <td>0 0 0 2 0</td> <td>P</td> <td></td> <td>N R</td> </tr> <tr> <td></td> <td></td> <td>Hazardous Waste Solid, N.O.S. (Selenium)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>X</td> <td></td> <td>ORM-E NA9189</td> <td>Erg.No. 31</td> <td>0 0 1</td> <td>D F</td> <td>0 0 0 2 0</td> <td>P</td> <td></td> <td>D 0 1 0</td> </tr> <tr> <td></td> <td></td> <td>Hazardous Waste Solid, N.O.S. (Resorcinol)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>X</td> <td></td> <td>ORM-E NA9189</td> <td>Erg.No. 31</td> <td>0 0 1</td> <td>D F</td> <td>0 0 0 2 0</td> <td>P</td> <td></td> <td>U 2 0 1</td> </tr> <tr> <td></td> <td></td> <td>Hazardous Waste Solid, N.O.S. (Lead Acetate)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>X</td> <td></td> <td>ORM-E NA9189</td> <td>Erg.No. 31</td> <td>0 0 1</td> <td>D F</td> <td>0 0 0 2 0</td> <td>P</td> <td></td> <td>U 1 4 4</td> </tr> <tr> <td></td> <td></td> <td>Waste Combustible Liquid, N.O.S. (Benzaldehyde)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>X</td> <td></td> <td>Combustible Liquid NA1993</td> <td>Erg.No. 27</td> <td>0 0 1</td> <td>D F</td> <td>0 0 0 2 0</td> <td>P</td> <td></td> <td>D 0 0 1</td> </tr> <tr> <td></td> <td></td> <td>Waste Chemicals, N.O.S.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>D.O.T. Non-Regulated NONE</td> <td></td> <td>0 0 2</td> <td>D F</td> <td>0 0 1 2 0</td> <td>P</td> <td></td> <td>N R</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |    | a.   | HM         | Description                             | Erg.No. | No.                                       | Type | Quantity  | Unit      | Wt/Vol | Waste No. |  |  | Waste Sodium Dichromate |  |  |  |  |  |  |  | X |  | ORM-A NA1479 | Erg.No. 35 | 0 0 1 | D F | 0 0 0 2 0 | P |  | D 0 0 7 |  |  | Waste Sodium Bisulfite |  |  |  |  |  |  |  | X |  | ORM-B NA2693 | Erg.No. 60 | 0 0 1 | D F | 0 0 0 2 0 | P |  | N R |  |  | Hazardous Waste Solid, N.O.S. (Zinc Acetate, Ammonium Sulfamate) |  |  |  |  |  |  |  | X |  | ORM-E NA9189 | Erg.No. 31 | 0 0 1 | D F | 0 0 0 2 0 | P |  | N R |  |  | Hazardous Waste Solid, N.O.S. (Selenium) |  |  |  |  |  |  |  | X |  | ORM-E NA9189 | Erg.No. 31 | 0 0 1 | D F | 0 0 0 2 0 | P |  | D 0 1 0 |  |  | Hazardous Waste Solid, N.O.S. (Resorcinol) |  |  |  |  |  |  |  | X |  | ORM-E NA9189 | Erg.No. 31 | 0 0 1 | D F | 0 0 0 2 0 | P |  | U 2 0 1 |  |  | Hazardous Waste Solid, N.O.S. (Lead Acetate) |  |  |  |  |  |  |  | X |  | ORM-E NA9189 | Erg.No. 31 | 0 0 1 | D F | 0 0 0 2 0 | P |  | U 1 4 4 |  |  | Waste Combustible Liquid, N.O.S. (Benzaldehyde) |  |  |  |  |  |  |  | X |  | Combustible Liquid NA1993 | Erg.No. 27 | 0 0 1 | D F | 0 0 0 2 0 | P |  | D 0 0 1 |  |  | Waste Chemicals, N.O.S. |  |  |  |  |  |  |  |  |  | D.O.T. Non-Regulated NONE |  | 0 0 2 | D F | 0 0 1 2 0 | P |  | N R |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| a.   | HM | Description  | Erg.No.    | No.                                     | Type    | Quantity                                  | Unit | Wt/Vol  | Waste No. |        |           |  |  |                         |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |                        |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |   |  |  |  |  |  |  |  |   |  |                           |            |       |     |           |   |  |         |  |  |                         |  |  |  |  |  |  |  |  |  |                           |  |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |    | Waste Sodium Dichromate  |            |   |         |   |      |   |           |        |           |  |  |                         |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |                        |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |   |  |  |  |  |  |  |  |   |  |                           |            |       |     |           |   |  |         |  |  |                         |  |  |  |  |  |  |  |  |  |                           |  |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X  |    | ORM-A NA1479   | Erg.No. 35 | 0 0 1                                   | D F     | 0 0 0 2 0                                 | P    |   | D 0 0 7   |        |           |  |  |                         |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |                        |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |   |  |  |  |  |  |  |  |   |  |                           |            |       |     |           |   |  |         |  |  |                         |  |  |  |  |  |  |  |  |  |                           |  |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |    | Waste Sodium Bisulfite   |            |   |         |   |      |   |           |        |           |  |  |                         |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |                        |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |   |  |  |  |  |  |  |  |   |  |                           |            |       |     |           |   |  |         |  |  |                         |  |  |  |  |  |  |  |  |  |                           |  |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X  |    | ORM-B NA2693   | Erg.No. 60 | 0 0 1                                   | D F     | 0 0 0 2 0                                 | P    |   | N R       |        |           |  |  |                         |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |                        |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |   |  |  |  |  |  |  |  |   |  |                           |            |       |     |           |   |  |         |  |  |                         |  |  |  |  |  |  |  |  |  |                           |  |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |    | Hazardous Waste Solid, N.O.S. (Zinc Acetate, Ammonium Sulfamate) |            |   |         |   |      |   |           |        |           |  |  |                         |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |                        |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |   |  |  |  |  |  |  |  |   |  |                           |            |       |     |           |   |  |         |  |  |                         |  |  |  |  |  |  |  |  |  |                           |  |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X  |    | ORM-E NA9189   | Erg.No. 31 | 0 0 1                                   | D F     | 0 0 0 2 0                                 | P    |   | N R       |        |           |  |  |                         |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |                        |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |   |  |  |  |  |  |  |  |   |  |                           |            |       |     |           |   |  |         |  |  |                         |  |  |  |  |  |  |  |  |  |                           |  |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |    | Hazardous Waste Solid, N.O.S. (Selenium)                         |            |   |         |   |      |   |           |        |           |  |  |                         |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |                        |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |   |  |  |  |  |  |  |  |   |  |                           |            |       |     |           |   |  |         |  |  |                         |  |  |  |  |  |  |  |  |  |                           |  |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X  |    | ORM-E NA9189   | Erg.No. 31 | 0 0 1                                   | D F     | 0 0 0 2 0                                 | P    |   | D 0 1 0   |        |           |  |  |                         |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |                        |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |   |  |  |  |  |  |  |  |   |  |                           |            |       |     |           |   |  |         |  |  |                         |  |  |  |  |  |  |  |  |  |                           |  |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |    | Hazardous Waste Solid, N.O.S. (Resorcinol)                       |            |   |         |   |      |   |           |        |           |  |  |                         |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |                        |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |   |  |  |  |  |  |  |  |   |  |                           |            |       |     |           |   |  |         |  |  |                         |  |  |  |  |  |  |  |  |  |                           |  |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X  |    | ORM-E NA9189   | Erg.No. 31 | 0 0 1                                   | D F     | 0 0 0 2 0                                 | P    |   | U 2 0 1   |        |           |  |  |                         |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |                        |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |   |  |  |  |  |  |  |  |   |  |                           |            |       |     |           |   |  |         |  |  |                         |  |  |  |  |  |  |  |  |  |                           |  |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |    | Hazardous Waste Solid, N.O.S. (Lead Acetate)                     |            |   |         |   |      |   |           |        |           |  |  |                         |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |                        |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |   |  |  |  |  |  |  |  |   |  |                           |            |       |     |           |   |  |         |  |  |                         |  |  |  |  |  |  |  |  |  |                           |  |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X  |    | ORM-E NA9189   | Erg.No. 31 | 0 0 1                                   | D F     | 0 0 0 2 0                                 | P    |   | U 1 4 4   |        |           |  |  |                         |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |                        |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |   |  |  |  |  |  |  |  |   |  |                           |            |       |     |           |   |  |         |  |  |                         |  |  |  |  |  |  |  |  |  |                           |  |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |    | Waste Combustible Liquid, N.O.S. (Benzaldehyde)                  |            |   |         |   |      |   |           |        |           |  |  |                         |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |                        |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |   |  |  |  |  |  |  |  |   |  |                           |            |       |     |           |   |  |         |  |  |                         |  |  |  |  |  |  |  |  |  |                           |  |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| X  |    | Combustible Liquid NA1993  | Erg.No. 27 | 0 0 1                                   | D F     | 0 0 0 2 0                                 | P    |   | D 0 0 1   |        |           |  |  |                         |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |                        |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |   |  |  |  |  |  |  |  |   |  |                           |            |       |     |           |   |  |         |  |  |                         |  |  |  |  |  |  |  |  |  |                           |  |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |    | Waste Chemicals, N.O.S.  |            |   |         |   |      |   |           |        |           |  |  |                         |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |                        |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |   |  |  |  |  |  |  |  |   |  |                           |            |       |     |           |   |  |         |  |  |                         |  |  |  |  |  |  |  |  |  |                           |  |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |    | D.O.T. Non-Regulated NONE  |            | 0 0 2                                   | D F     | 0 0 1 2 0                                 | P    |   | N R       |        |           |  |  |                         |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |                        |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |   |  |  |  |  |  |  |  |   |  |                           |            |       |     |           |   |  |         |  |  |                         |  |  |  |  |  |  |  |  |  |                           |  |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |    |  |            |   |         |   |      |   |           |        |           |  |  |                         |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |                        |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |   |  |  |  |  |  |  |  |   |  |                           |            |       |     |           |   |  |         |  |  |                         |  |  |  |  |  |  |  |  |  |                           |  |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| S. Additional Descriptions for Materials Listed Above<br>a. S/E WMDS 152061    e. S/T WMDS 152061<br>b. S/ WMDS 152061    f. S/T WMDS 152061<br>c. S/ WMDS 152061    g. S/I WMDS 152061<br>d. S/E WMDS 152061    h. S/ WMDS 152061   |    |  |            |   |         | T. Handling Codes for Wastes Listed Above |      |   |           |        |           |  |  |                         |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |                        |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |   |  |  |  |  |  |  |  |   |  |                           |            |       |     |           |   |  |         |  |  |                         |  |  |  |  |  |  |  |  |  |                           |  |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 32. Special Handling Instructions and Additional Information    Emergency Contact: (201) 589-8181<br><br>NJDEPS 3516-15500   |    |  |            |   |         |   |      |   |           |        |           |  |  |                         |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |                        |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |   |  |  |  |  |  |  |  |   |  |                           |            |       |     |           |   |  |         |  |  |                         |  |  |  |  |  |  |  |  |  |                           |  |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Load Number 71304  |    |  |            |   |         | *All Weights Are Estimated                |      |   |           |        |           |  |  |                         |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |                        |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |   |  |  |  |  |  |  |  |   |  |                           |            |       |     |           |   |  |         |  |  |                         |  |  |  |  |  |  |  |  |  |                           |  |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 33. Transporter Acknowledgement of Receipt of Materials  |    |  |            |   |         |   |      | Date  |           |        |           |  |  |                         |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |                        |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |   |  |  |  |  |  |  |  |   |  |                           |            |       |     |           |   |  |         |  |  |                         |  |  |  |  |  |  |  |  |  |                           |  |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Printed/Typed Name   |    |  |            | Signature                               |         |   |      | Month Day Year  |           |        |           |  |  |                         |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |                        |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |   |  |  |  |  |  |  |  |   |  |                           |            |       |     |           |   |  |         |  |  |                         |  |  |  |  |  |  |  |  |  |                           |  |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Ken Daugherty  |    |  |            | Ken Daugherty                           |         |   |      | 07 20 92  |           |        |           |  |  |                         |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |                        |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |   |  |  |  |  |  |  |  |   |  |                           |            |       |     |           |   |  |         |  |  |                         |  |  |  |  |  |  |  |  |  |                           |  |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 34. Transporter Acknowledgement of Receipt of Materials  |    |  |            |   |         |   |      | Date  |           |        |           |  |  |                         |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |                        |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |   |  |  |  |  |  |  |  |   |  |                           |            |       |     |           |   |  |         |  |  |                         |  |  |  |  |  |  |  |  |  |                           |  |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Printed/Typed Name   |    |  |            | Signature                               |         |   |      | Month Day Year  |           |        |           |  |  |                         |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |                        |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |   |  |  |  |  |  |  |  |   |  |                           |            |       |     |           |   |  |         |  |  |                         |  |  |  |  |  |  |  |  |  |                           |  |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |    |  |            |   |         |   |      |   |           |        |           |  |  |                         |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |                        |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |   |  |  |  |  |  |  |  |   |  |                           |            |       |     |           |   |  |         |  |  |                         |  |  |  |  |  |  |  |  |  |                           |  |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 35. Discrepancy Indication Space   |    |  |            |   |         |   |      |   |           |        |           |  |  |                         |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |                        |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |  |  |  |  |  |  |  |  |   |  |              |            |       |     |           |   |  |         |  |  |   |  |  |  |  |  |  |  |   |  |                           |            |       |     |           |   |  |         |  |  |                         |  |  |  |  |  |  |  |  |  |                           |  |       |     |           |   |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |



# LAND DISPOSAL RESTRICTION NOTIFICATION FORM

## SECTION I

Generator Name: Chase Pharmaceuticals

Address: 280 Chestnut St.

Newark, NJ 07105

USEPA ID No.: NJD 035322231

Manifest No.: AR 559476

WMDS No.(s): 152061

Completed By: Brian Rhoads

Title: Technical Rep. for EDOC

Date: 7-20-92

(Continuation Sheets may be attached and are numbered accordingly: Page 5 of 5)

## SECTION II SPENT SOLVENT WASTE (268.30) AND CALIFORNIA LIST WASTE (268.32)

(Check Here) ☐ A. Spent Solvent Wastes (F001-F005)

The shipment, as referenced by the above manifest number, contains waste(s) which correspond to USEPA Hazardous Waste Code(s) \_\_\_\_\_

The above referenced waste(s) must be treated to meet the treatment standard expressed as Constituent Concentration in the Waste Extract as outlined in 40 CFR 268.41 Table CCWE and in 40 CFR 268.43 Table CCW below.

Table CCWE—Constituent Concentrations in Waste Extract

|   | Concentration (in mg/l) |                 |
|---|-------------------------|-----------------|
|   | Wastewaters             | Non-Wastewaters |
| F001-F005 Spent Solvents                              |                         | 0.59            |
| Acetone   | 0.05                    | 5.0             |
| n-Butyl alcohol                                       | 5.0                     | 4.81            |
| Carbon disulfide                                      | 1.05                    | .96             |
| Carbon tetrachloride                                  | .05                     | .05             |
| Chlorobenzene   | 15                      | .75             |
| Cresols (and cresylic acid)                           | 2.82                    | .75             |
| Cyclohexanone   | .125                    | .125            |
| 1,2-Dichlorobenzene                                   | 65                      | .75             |
| Ethyl acetate   | .05                     | .053            |
| Ethylbenzene  | .05                     | .75             |
| Ethyl ether   | .05                     | 5.0             |
| Isobutanol  | 5.0                     | .75             |
| Methanol  | 25                      | .96             |
| Methylene chloride                                    | .20                     | .96             |
| Methylene chloride (from the pharmaceutical industry) | 12.7                    | 0.75            |
| Methyl ethyl ketone                                   | 0.05                    | 0.33            |
| Methyl isobutyl ketone                                | 0.05                    | 0.125           |
| Nitrobenzene  | 0.66                    | 0.33            |
| Pyridine  | 1.12                    | 0.05            |
| Tetrachloroethylene                                   | 0.079                   | 0.33            |
| Toluene   | 1.12                    | 0.41            |
| 1,1,1-Trichloroethane                                 | 1.05                    | 0.96            |
| 1,1,2-Trichloro-1,2,2-Trifluoroethane                 | 1.05                    | 0.091           |
| Trichloroethylene                                     | 0.062                   | 0.96            |
| Trichlorofluoromethane                                | 0.05                    | 0.15            |
| Xylene  | 0.05                    |                 |

Table CCW—Constituent Concentrations in Waste

|  |       |      |
|--|-------|------|
| 1,1,2-Trichloroethane                        | 0.030 | 7.80 |
| Benzene                                      | 0.070 | 3.70 |
| Methylene Chloride (Pharmaceutical Industry) | 0.44  | N/A  |

F005 Spent Solvents 2-Nitropropane and 2-Ethoxyethanol have treatment standards outlined in 40 CFR 268.42 and must be referenced in Section III of this form.

☐ —If indicated by "X," any or all of the above specified waste codes are referenced to Certification Statement Section VI.  
"X" here, if applicable

## SECTION IV

## LAB PACK CERTIFICATION

In accordance with 40 CFR 268.7(a)(7) and (8) and regarding those lab pack wastes corresponding to USEPA Hazardous Waste Code(s) D001, D002, U213, U006, D003, P081, D008, D011, U123, U190, P010, U169, D007, U201, U144

identified as restricted wastes contained in this shipment and referenced by the above manifest no., I submit the following certification statement(s) where applicable:

Appendix IV Lab Pack Wastes  
(Organometallic)

I certify under penalty of law that I personally have examined and am familiar with the waste and that the lab pack contains only the wastes specified in Appendix IV to part 268 or solid wastes not subject to regulation under 40 CFR Part 261. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine or imprisonment.

x Signature [Signature]  
Title Plant Eng. Date 7-20-92

Lab Pack Wastes with hazardous waste codes not specified by EPA in Appendix IV or V are referenced in Section III of this form.

Appendix V Lab Pack Wastes  
(Organic)

I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste and that the lab pack contains only organic wastes specified in Appendix V to Part 268 or solid wastes not subject to regulation under 40 CFR Part 261. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine or imprisonment.

x Signature [Signature]  
Title Plant Eng. Date 7-20-92

## SECTION V

RESTRICTED WASTE SUBJECT TO AN EXTENSION IN THE EFFECTIVE DATE  
(40 CFR 268 Appendix VII & VIII)

The wastes contained in this shipment as referenced by the above manifest no. which are subject to an Extension in the Effective Date in accordance with 40 CFR Subpart C are identified below:

USEPA Hazardous Waste Code/  
Treatability Group (NWW or WW)

Extension Date

(These wastes may be subject to the California List Prohibitions—See Section IIB of this form)

## SECTION VI

CERTIFICATION OF RESTRICTED WASTE WHICH MAY BE LAND DISPOSED  
WITHOUT FURTHER TREATMENT

In accordance with 268.7(a)(2) and regarding those restricted waste(s) contained in this shipment, these waste(s) may be land disposed without further treatment. I submit the following certification statement:

I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA section 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

(This certification is referenced to the appropriate USEPA Hazardous Code(s) in the foregoing appropriate Sections II or III).

Waste analysis is attached where available, otherwise, the information contained herein is based upon my thorough knowledge of the waste(s).

I hereby certify that all information submitted in this document is complete and accurate to the best of my knowledge and information.

x Signature [Signature] Title Plant Eng. Date 7-20-92

Rev. DA 10/90









Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-94

AR-2-93

| UNIFORM HAZARDOUS WASTE MANIFEST  |  | 1. Generator's US EPA ID No.   | Manifest Document No. | 2. Page 1 of 1                                      | Information in the shaded areas is not required by Federal law. |               |
|---|--|--|-----------------------|---|---|---------------|
| 3. Generator's Name and Mailing Address<br>Chase Laboratories<br>280 Chestnut Street<br>Newark NJ 07105   |  | 1. Generator's US EPA ID No.<br>NJID05252223114211   |                       | A. State Manifest Document Number<br>AR-642814 6-RB |   |               |
| 4. Generator's Phone (201) 589-8181   |  | 6. US EPA ID Number<br>MOD095033998  |                       | B. State Generator's ID                             |   |               |
| 5. Transporter 1 Company Name<br>Tri-State Motor Transit  |  | 8. US EPA ID Number  |                       | C. State Transporter's ID<br>PC0711-H-011           |   |               |
| 7. Transporter 2 Company Name   |  | 10. US EPA ID Number   |                       | D. Transporter's Phone<br>800-234-8768              |   |               |
| 9. Designated Facility Name and Site Address<br>Rinco<br>1807 Vulcao Rd. Haskell<br>Benton AR 72015   |  | 10. US EPA ID Number<br>ARD981057870   |                       | E. State Transporter's ID<br>PC-H-                  |   |               |
|   |  |  |                       | F. Transporter's Phone                              |   |               |
|   |  |  |                       | G. State Facility's ID                              |   |               |
|   |  |  |                       | H. Facility's Phone<br>501/778-9089                 |   |               |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)  |  | 12. Containers No.   | Type                  | 13. Total Quantity                                  | 14. Unit Wt/Vol   | 15. Waste No. |
| a. Waste Tetrachloroethylene Mixture<br>61 UN1897 PGIII<br>Marine Pdlutants   |  | 021  | DM                    | 01,155  | G   | PC01/D039     |
| b.  |  |  |                       |   |   |               |
| c.  |  |  |                       |   |   |               |
| d.  |  |  |                       |   |   |               |
| J. Additional Descriptions for Materials Listed Above<br>a. 9309-8805 ERG #74 Load#3077   |  | K. Handling Codes for Wastes Listed Above<br>EMERGENCY RESPONSE INFORMATION:<br>Phil Caprara<br>201-589-4181 |                       |   |   |               |
| if no alternate TSD, return to generator  |  |  |                       |   |   |               |
| 15. Special Handling Instructions and Additional Information<br>NJ Hazardous ID # DEPE 50083<br>Trailer ID #  |  |  |                       |   |   |               |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and Arkansas state regulations.<br>If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. |  |  |                       |   |   |               |
| Printed/Typed Name<br>PHILIP CAPRARA  |  | Signature<br>Philip Caprara  |                       | Month Day Year<br>10-20-93                          |   |               |
| 17. Transporter 1 Acknowledgement of Receipt of Materials<br>Printed/Typed Name<br>Stephen Dell   |  | Signature<br>Stephen Dell  |                       | Month Day Year<br>10-20-93                          |   |               |
| 18. Transporter 2 Acknowledgement of Receipt of Materials<br>Printed/Typed Name   |  | Signature  |                       | Month Day Year                                      |   |               |
| 19. Discrepancy Indication Space  |  |  |                       |   |   |               |
| 20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.<br>Printed/Typed Name  |  |  |                       |   |   |               |
| Signature   |  |  |                       |   |   |               |
| Month Day Year  |  |  |                       |   |   |               |



**Rineco****Land Disposal Restriction Notification Form**

Generator Name Chase Laboratories, Inc.  
State Manifest Number AR-642814 11a  
EPA Waste Codes F001

US EPA ID# NJD 053 522 231  
Profile # 9309-8805

Treatability Group  
Non-Wastewater

| EPA Waste Code                | Subcategory   | Treatment Code                                  | Treatment Standard |
|-------------------------------|---|---|--------------------|
| <input type="checkbox"/> D001 | All descriptions based on 40 CFR 261.21, except for the §261.21(a)(1) High TOC subcategory, managed in non-CWA/non-CWA-equivalent/non-Class I SDWA systems. | DEACT and meet F039; or FSUBS; RORGS; or INCIN. | 268.41             |
| <input type="checkbox"/> D001 | All descriptions based on 40 CFR 261.21, except for the §261.21(a)(1) High TOC subcategory, managed in CWA, CWA-equivalent, or Class I SDWA systems.        | DEACT   | 268.43             |
| <input type="checkbox"/> D001 | All descriptions based on 40 CFR 261.21 (a)(1)-High TOC Ignitable Liquids Subcategory--Greater than or equal to 10% total organic carbon.                   | FSUBS; RORGS, or INCIN.                         |                    |
| <input type="checkbox"/> D002 | Acid, Alkaline, and other subcategory based on 261.22 managed in non-CWA/non-CWA-equivalent/non-Class I SDWA systems  | DEACT and meet F039                             | 268.41, 268.43     |
| <input type="checkbox"/> D002 | Acid, Alkaline, and other subcategory based on 261.22 managed in CWA, CWA-equivalent, or Class I SDWA systems   | DEACT   |                    |

D004-D011 Non-wastewaters with heavy metals in mg/l: 268.41

|                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> arsenic 5.0  | <input type="checkbox"/> barium 100   |
| <input type="checkbox"/> cadmium 1.0  | <input type="checkbox"/> chromium 5.0   |
| <input type="checkbox"/> lead 5.0     | <input type="checkbox"/> mercury 0.20 (Low mercury subcategory-less than 260 mg/kg) |
| <input type="checkbox"/> selenium 5.7 | <input type="checkbox"/> silver 5.0   |

F001-F005 Spent Solvents non-waste waters; maximum constituent concentration in mg/l: 268.43

|   |  |
|---|--|
| <input type="checkbox"/> acetone 160                        | <input type="checkbox"/> n-butyl alcohol 2.6       |
| <input type="checkbox"/> carbon disulfide 4.8               | <input type="checkbox"/> carbon tetrachloride 5.6  |
| <input type="checkbox"/> chlorobenzene 5.7                  | <input type="checkbox"/> cresols (m,p) 3.2         |
| <input type="checkbox"/> cyclohexane .75                    | <input type="checkbox"/> cresols (o) 5.6           |
| <input type="checkbox"/> ethyl acetate 33                   | <input type="checkbox"/> 1,2 dichlorobenzene 6.2   |
| <input type="checkbox"/> ethyl ether 160                    | <input type="checkbox"/> ethyl benzene 6.0         |
| <input type="checkbox"/> methanol .75                       | <input type="checkbox"/> isobutanol 170            |
| <input type="checkbox"/> methyl ethyl ketone 36             | <input type="checkbox"/> methylene chloride 33     |
| <input type="checkbox"/> nitrobenzene 14                    | <input type="checkbox"/> methyl isobutyl ketone 33 |
| <input type="checkbox"/> 1,1,1 trichloroethane 5.6          | <input type="checkbox"/> pyridine 16               |
| <input type="checkbox"/> trichlorofluoromethane 33          | <input type="checkbox"/> toluene 28                |
| <input type="checkbox"/> 1,1,2 trichloroethane,             | <input type="checkbox"/> trichloroethylene 5.6     |
| 1,2,2 trifluoroethane 28                                    | <input type="checkbox"/> xylene 28                 |
| <input checked="" type="checkbox"/> tetrachloroethylene 5.6 |  |

F001-F005 Spent solvents non-waste waters; maximum constituent concentration in mg/l: 268.41  
268.43

|  |   |
|--|---|
| <input type="checkbox"/> carbon disulfide, 4.8 | <input type="checkbox"/> 1,1,2 trichloroethane, 7.6 |
| <input type="checkbox"/> cyclohexanone, 0.75   | <input type="checkbox"/> benzene, 3.7               |
| <input type="checkbox"/> methanol, 0.75        |   |

Signature

Date 10-20-93

\*Note: Retain one copy for your files, send one copy with your shipment Form Revised:8/93 KMG



Revised  
April 4, 1991

HAZARDOUS WASTE MANUAL

B. HAZARDOUS WASTE PRODUCTS:

|     | <u>CHASE PRODUCT NAME</u>     | <u>LABEL I.D.</u>        | <u>DISPOSAL SOURCE</u> |
|-----|-------------------------------|--------------------------|------------------------|
| 1.  | Perch still bottoms           | Waste Tetrachlorethylene | Cycle Chem             |
| 2.  | Isopropanol                   | Waste Isopropanol        | Cycle Chem             |
| 3.  | Lab Waste                     | Waste Flammable Liquid   | Cycle Chem             |
| 4.  | Chloroform Lab Waste          | Waste Flammable Liquid   | Cycle Chem             |
| 5.  | Cynaogen Bromide              | Waste Flammable Liquid   | Cycle Chem             |
| 6.  | I.P.A. & Ethocel              | Waste Flammable Liquid   | Cycle Chem             |
| 7.  | Mineral Spirits & Water       | Waste Combustible Liquid | Cycle Chem             |
| 8.  | Waste Oil                     | Waste Oil                | Lionetti Oil           |
| 9.  | Kathene Solution              | Hazardous Waste Liquid   | Cycle Chem             |
| 10. | Haptain & Haxane still bottom | Waste Haptain & Haxane   | Cycle Chem             |





UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION II

ENVIRONMENTAL PROTECTION  
AGENCY, REGION II  
1988 SEP 26 PM 3:46

PERMITS ADMINISTRATION  
BRANCH  
COMPLAINT, COMPLIANCE ORDER  
AND NOTICE OF OPPORTUNITY  
FOR HEARING

In the Matter of

Chase Chemical Co.  
280 Chestnut Street  
Newark, NJ 07105  
NJD053522231

Respondent.

Docket No: II RCRA-88-0119

Proceeding Under Section 3008  
of the Resource Conservation and  
Recovery Act

COMPLAINT

This civil administrative proceeding is instituted pursuant to Section 3008 of the Resource Conservation and Recovery Act ("RCRA") as amended, 42 U.S.C. § 6901 et seq. ("RCRA" or the "Act"). Section 3006(b) of RCRA, 42 U.S.C. § 6926(b), provides that the Administrator of the U.S. Environmental Protection Agency ("EPA") may, if certain criteria are met, authorize a State to operate a hazardous waste program in lieu of the federal program. The State of New Jersey received final authorization to administer its hazardous waste program on February 21, 1985. Section 3008 of RCRA, 42 U.S.C. § 6928, authorizes EPA to enforce the provisions of the authorized State program.

Until the State of New Jersey amends its hazardous waste program to incorporate the requirements under the Hazardous and Solid Waste Amendments ("HSWA"), 42 U.S.C. § 6901 et seq., and receives authorization to enforce such requirements, EPA retains primary responsibility for implementation of said requirements. HSWA amended the Act to include the Land Disposal Restriction Rule ("LDR Rule" or "Land Ban Rule") under Section 3004 of the Act, 42 U.S.C. § 6924. The State of New Jersey has not amended its hazardous waste program to incorporate the LDR Rule; therefore, EPA has primary and, at the present time, sole implementation authority for the LDR Rule.

The Director of the Air and Waste Management Division of the Environmental Protection Agency ("EPA"), Region II, Complainant in this proceeding, has determined that Respondent, Chase Chemical Co., has violated Sections 3002 and 3004 of the Act, 42 U.S.C. § 6922 and § 6924, and the regulations promulgated pursuant to the Act as hereinafter specified:

1. Respondent owns and operates a facility located at 290 Chestnut St., Newark, New Jersey 07105. Respondent is a "person" as that term is defined in Section 1004(15) of RCRA, 42 U.S.C. § 6903(15) and 40 C.F.R. § 260.10.



2. On September 23, 1980, Respondent informed EPA that it conducts activities at its facility involving "hazardous waste", as that term is defined in Section 1004(5) of RCRA, 42 U.S.C. § 6903(5) and in 40 C.F.R. § 260.10.

3. Respondent is a "generator" of hazardous wastes as that term is defined in 40 C.F.R. § 260.10 and N.J.A.C. § 7:26-1.4.

4. On or about January 14, 1988, an inspection of the facility was conducted by a duly-designated representative of EPA to determine compliance with specific state and federal regulations for the management of hazardous waste.

5. 40 C.F.R. Parts 262, 265, and 268 set federal standards for generators of hazardous waste and interim status facilities which treat, store, and dispose of hazardous waste. N.J.A.C. § 7:26 establishes New Jersey requirements for generators of hazardous wastes.

6. 40 C.F.R. § 268.7(a) requires the generator to test his waste or an extract developed using the test method described in Appendix I of 40 C.F.R. Part 268, or use knowledge of the waste, to determine if the waste is restricted from land disposal under 40 C.F.R. Part 268. 40 C.F.R. § 268.7(a)(1) requires the generator to notify the treatment facility in writing of the appropriate treatment standards set forth in Subpart D of 40 C.F.R. Part 268. The notice must include the following information:

- (i) EPA Hazardous Waste Number;
- (ii) The corresponding treatment standard;
- (iii) The manifest number associated with the shipment of the waste; and
- (iv) Waste analysis data, where available.

At or about the time of the above referenced inspection, the Respondent shipped restricted waste to an off-site treatment facility without the required notification. Therefore, Respondent violated 40 C.F.R. § 268.7(a)(1).

7. N.J.A.C. § 7:26-7.4 require the generator to prepare a manifest with the accurate hazardous waste number. At or about the time of the above referenced inspection, the Respondent had failed to accurately identify on the hazardous waste manifests, the hazardous waste by its number. Therefore, Respondent violated N.J.A.C. § 7:26-7.4.



**PROPOSED CIVIL PENALTY**

In view of the above-cited violation<sup>s</sup>, and pursuant to the authority of Section 3008 of RCRA, Complainant herewith proposes the assessment of a civil penalty in the amount of eight thousand nine hundred ninety dollars (\$8,990) against Chase Chemical Co. as follows:

|   |                |
|---|----------------|
| For violation of N.J.A.C. § 7:26-7.4.....     | \$6,000        |
| For violation of 40 C.F.R. § 268.7(a)(1)..... | <u>\$2,990</u> |
|   | \$8,990.       |

**COMPLIANCE ORDER**

Based upon the foregoing and pursuant to the authority of Section 3008 of RCRA, Complainant issues the following Compliance Order against Respondent:

1. Respondent shall, upon the effective date of this Compliance Order, comply with 40 C.F.R. § 268.1 - 268.50 (1987) (as amended by 50 Fed. Reg. 31,212 - 21 (1988)), when it generates and ships restricted waste, as identified in 40 C.F.R. Part 268, to off-site treatment facilities. Specifically, the Notice must include the following information:

- (i) EPA Hazardous Waste Number;
- (ii) The corresponding treatment standard;
- (iii) The manifest number associated with the shipment of the waste; and
- (iv) Waste analysis data, where available.

2. Respondent shall, upon the effective date of this Compliance Order, comply with N.J.A.C. § 7:26-7.4 and correctly identify hazardous waste on its hazardous waste manifest.

**NOTICE OF LIABILITY FOR ADDITIONAL CIVIL PENALTIES**

Pursuant to the terms of Section 3008(a)(3) of RCRA, a violator failing to take corrective action within the time specified in a Final Compliance order is liable for a civil penalty of up to \$25,000 for each day of continued noncompliance.

**NOTICE OF OPPORTUNITY TO REQUEST A HEARING**

To avoid being found in default, and having the proposed civil penalty assessed and the Compliance Order confirmed without further proceedings, you must file a written answer to the Complaint, which may include a request for a





hearing. Your answer (if any) must be addressed to the Regional Hearing Clerk, U.S. Environmental Protection Agency, Region II, 26 Federal Plaza, New York, New York, 10278 and must be filed within thirty (30) days of your receipt of this Complaint, Compliance Order, and Notice of Opportunity for Hearing. Your answer must clearly and directly admit, deny, or explain each of the factual allegations contained in the Complaint, and should contain (1) a clear statement of the facts which constitute the grounds of your defense, and (2) a concise statement of the contentions which you intend to place in issue at the hearing.

The denial of any material fact or the raising of any affirmative defense will be construed as a request for a hearing. Failure to deny any of the factual allegations in the Complaint will be deemed to constitute an admission of the undenied allegations. Your failure to file a written answer within thirty (30) days of the receipt of this instrument will be deemed to represent your admission of all facts alleged in the Complaint, and a waiver of your right to formal hearing to contest any of the facts alleged by the Complainant. Your default will result in the final issuance of the Compliance Order, and assessment of the proposed civil penalty, without further proceedings.

#### **INFORMAL SETTLEMENT CONFERENCE**

Whether or not you request a hearing, EPA encourages settlement of this proceeding consistent with the provisions of the Act. At an informal conference with a representative of the Complainant you may comment on the charges and provide whatever additional information you feel is relevant to the disposition of this matter, including any actions you may have taken to correct the violation. The Complainant has the authority to modify the amount of the proposed penalty, where appropriate, to reflect any settlement agreement reached with you in such conference, or to recommend that any or all of the charges be dismissed, if the circumstances so warrant. Your request for an informal conference and other questions that you may have regarding this Complaint, Compliance Order, and Notice of Opportunity for Hearing, should be directed to Terry Sullivan, Attorney, Office of Regional Counsel, U.S. Environmental Protection Agency, 26 Federal Plaza, New York, New York, 10278, (212) 264-4544.

Please note that a request for an informal settlement conference does not extend the thirty (30) day period during which a written answer and request for a hearing must be submitted. The informal conference procedure may be pursued as an alternative to, or simultaneously with, the adjudicatory hearing procedure. However, no penalty reduction will be made simply because such a conference is held.

Any settlement which may be reached as a result of such conference will be embodied in a written Consent Agreement and Final Compliance Order to be issued by the Regional Administrator of EPA, Region II, and signed by you or your representative. Your signing of such Consent Agreement would constitute a waiver of your right to request a hearing on any matter stipulated to therein.



RESOLUTION OF THIS PROCEEDING WITHOUT HEARING OR CONFERENCE

Instead of filing an answer requesting a hearing or requesting an informal settlement conference, you may choose to comply with the terms of the Compliance Order, and to pay the proposed penalty. In that case, payment should be made by sending a cashier's or certified check in the amount of the penalty specified in the "Proposed Civil Penalty" section of this instrument to Regional Hearing Clerk EPA - Region II, P.O. Box 360188M, Pittsburgh, PA 15251. A copy of the check should also be sent to Terry Sullivan, at the address referenced above. Your check must be made payable to the United States of America.

THE UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT  
5300 S. DICKINSON AVE.  
CHICAGO, ILL. 60637  
U.S.A.  
TEL. (312) 937-1311  
FAX (312) 937-1312  
WWW.PHYSICS.DUKE.EDU

DATED September 22, 1988, New York, New York

## COMPLAINANT:

*for* Shelley Ehrenfeld  
 CONRAD SIMON  
 Director  
 Air & Waste Management Division  
 Environmental Protection Agency  
 Region II  
 26 Federal Plaza  
 New York, New York 10278

To: Richard C. Remaly, President  
 Chase Chemical Co.  
 280 Chestnut St.  
 Newark, NJ 07105

cc: Ronald Corcory  
 Assistant Director  
 Hazardous Waste Enforcement  
 New Jersey Department of  
 Environmental Protection  
 401 E. State Street  
 Trenton, New Jersey 08854

Gerald Burke  
 Office of Regulatory Services  
 New Jersey Department of  
 Environmental Protection  
 401 E. State Street  
 Trenton, New Jersey 08854

bcc: Terry Sullivan, (2ORC-WTS)  
 Joel Golumbek, (2AWM-HWC)  
 Kurt Eilo, (2AWM-HWC)  
 Bob Small, (WH-527)  
 George Meyer, (2AWM-HWC)  
 Conrad Simon, (2AWM-HWC)  
 Karen Maples, (2RHC-PAB)  
 Ton Moy, (2AWM-HWC)





Certificate of Service

This is to certify that on the 26<sup>th</sup> day of September 1988, I served a true and correct copy of the foregoing Complaint and a copy of the Consolidated Rules of Practice by certified mail to Mr. Richard C. Renaly, Chase Chemical Co., 280 Chestnut St., Newark, NJ 07105. I hand carried the original and a copy of the foregoing Complaint to the Regional Hearing Clerk.

Helen V. Iannelli



**ATTACHMENT I****REASONING BEHIND PROPOSED PENALTY**

Pursuant to 40 C.F.R. § 22.14(a)(4) and (5), EPA is providing you with this statement explaining the reasoning behind the proposed penalty assessed for each violation cited in this Complaint. Attached to this Complaint you will find the EPA Penalty Computation Worksheet ("worksheet") for the violation for which you have been assessed a proposed penalty (Attachment II).

RCRA Section 3008(a)(3) states that the seriousness of the violation must be taken into account in assessing penalties. The seriousness of a violation is based on the potential for harm and extent of deviation from a statutory or regulatory requirement, which provide the basis for determining the gravity-based penalty.

**1. For Violation of 40 C.F.R. § 268.7(a)(1):**

The "Potential for Harm" present in this violation was determined to be minor. The restricted waste was sent to an off-site facility for treatment, where it was not land disposed.

The "Extent of Deviation" present in this violation was determined to be major because the applicable regulation was not complied with.

Based upon the above determinations, a "Matrix Cell Range" and "Per-day Assessment" were derived and entered on the attached worksheet. In sum, the "Total Penalty Amount" of \$2,990 was determined to be appropriate for the violation of 40 C.F.R. § 268.7(a)(1).

**For Violation of N.J.A.C. § 7:26-7.4:**

The "Potential for Harm" present in this violation was determined to be moderate. The manifest system is designed to track hazardous waste from the point of generation until its final disposition (cradle to grave) so as to insure the proper disposal of these wastes. Hence, since the hazardous waste codes were incorrect, the statutory purpose of tracking waste was thwarted and the possibility of mishandling the waste was increased. Therefore, the mid-point of the applicable matrix cell was chosen.

The "Extent of Deviation" present in this violation was determined to be moderate because an essential item required on the manifest was incorrectly completed.

Based upon the above determinations, a "Matrix Cell Range" and "Per-day Assessment" were derived and entered on the attached worksheet. In sum, the "Total Penalty Amount" of \$6,000 was determined to be appropriate for the violation of N.J.A.C. § 7:26-7.4.



ATTACHMENT IIa

Company Name: Chase Chemical Co.

Regulation Violated: 40 C.F.R. Part 268.7(a)(1)

Assessments for each violation should be determined on separate worksheets and totaled.

(If more space is needed, attach separate sheet)

Part I - Seriousness of Violation Penalty

- |                         |  |
|-------------------------|--|
| 1. Potential for Harm:  | MINOR                                    |
| 2. Extent of Deviation: | MAJOR                                    |
| 3. Matrix Cell Range:   | \$2,999-1,500                            |
| Penalty Amount Chosen:  | \$2,990                                  |
| Justification:          | Mid-point of range<br>(see Attachment I) |
| 4. Per Day Assessment:  | \$2,990                                  |

Part II - Penalty Adjustments

|   | <u>Percentage Change*</u> | <u>Dollar Amount</u> |
|---|---------------------------|----------------------|
| 1. Good faith efforts to comply/lack of good faith: | **RESERVED                | N/A                  |
| 2. Degree of willfulness and/or negligence:         | **RESERVED                | N/A                  |
| 3. History of noncompliance:                        | **RESERVED                | N/A                  |
| 4. Other unique factors:                            | **RESERVED                | N/A                  |
| 5. Justification for Adjustment:                    | **RESERVED                | N/A                  |

\* Percentage amounts are applied to the dollar amount calculated on line 4, Part I.





|   |                |
|---|----------------|
| 6. Adjusted Per Day<br>Penalty (Line 4, Part I<br>+ Lines 1-4, Part II):        | \$2,990        |
| 7. Number of Days of<br>Violation:  | N/A            |
| 8. Multi Day Penalty<br>(Number of days x<br>Line 6, Part II):                  | N/A            |
| 9. Economic Benefit of<br>Noncompliance:  | N/A            |
| Justification:  |                |
| 10. Total (Line 8+9, Part II):  | \$2,990        |
| 11. Ability to Pay Adjustment:  | N/A            |
| Justification:  |                |
| 12. Total Penalty Amount<br>(must not exceed \$25,000<br>per day of violation): | <u>\$2,990</u> |



ATTACHMENT IIb

Company Name: **Chase Chemical Co.**

Regulation Violated: **N.J.A.C. § 7:26-7.4**

Assessments for each violation should be determined on separate worksheets and totaled.

(If more space is needed, attach separate sheet)

Part I - Seriousness of Violation Penalty

- |                         |  |
|-------------------------|--|
| 1. Potential for Harm:  | <b>MODERATE</b>                          |
| 2. Extent of Deviation: | <b>MODERATE</b>                          |
| 3. Matrix Cell Range:   | <b>\$7,999-5,000</b>                     |
| Penalty Amount Chosen:  | <b>\$6,000</b>                           |
| Justification:          | Mid-point of range<br>(see Attachment I) |
| 4. Per Day Assessment:  | <b>\$6,000</b>                           |

Part II - Penalty Adjustments

- |   | <u>Percentage Change*</u> | <u>Dollar Amount</u> |
|---|---------------------------|----------------------|
| 1. Good faith efforts to comply/lack of good faith: | <b>**RESERVED</b>         | <b>N/A</b>           |
| 2. Degree of willfulness and/or negligence:         | <b>**RESERVED</b>         | <b>N/A</b>           |
| 3. History of noncompliance:                        | <b>**RESERVED</b>         | <b>N/A</b>           |
| 4. Other unique factors:                            | <b>**RESERVED</b>         | <b>N/A</b>           |
| 5. Justification for Adjustment:                    | <b>**RESERVED</b>         | <b>N/A</b>           |

\* Percentage amounts are applied to the dollar amount calculated on line 4, Part I.



|   |                |
|---|----------------|
| 6. Adjusted Per Day<br>Penalty (Line 4, Part I<br>+ Lines 1-4, Part II):        | \$6,000        |
| 7. Number of Days of<br>Violation:  | N/A            |
| 8. Multi Day Penalty<br>(Number of days x<br>Line 6, Part II):                  | N/A            |
| 9. Economic Benefit of<br>Noncompliance:  | N/A            |
| Justification:  |                |
| 10. Total (Line 8+9, Part II):  | \$6,000        |
| 11. Ability to Pay Adjustment:  | N/A            |
| Justification:  |                |
| 12. Total Penalty Amount<br>(must not exceed \$25,000<br>per day of violation): | <u>\$6,000</u> |





ATTACHMENT III  
MATRIX

EXTENT OF DEVIATION FROM REQUIREMENT

P  
O  
T  
E  
N  
T  
I  
A  
L  
  
F  
O  
R  
  
H  
A  
R  
M

|          | MAJOR                    | MODERATE                 | MINOR                   |
|----------|--------------------------|--------------------------|-------------------------|
| MAJOR    | \$25,000<br>TO<br>20,000 | \$19,999<br>TO<br>15,000 | \$14,999<br>TO<br>3,000 |
| MODERATE | \$10,900<br>TO<br>8,000  | \$7,999<br>TO<br>5,000   | \$4,999<br>TO<br>3,000  |
| MINOR    | \$2,999<br>TO<br>1,500   | \$1,499<br>TO<br>500     | \$499<br>TO<br>100      |





**ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

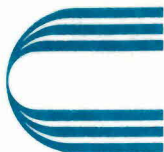
**NJD053522231**

INSTALLATION ADDRESS

**CHASE CHEMICAL CO DIV INCOUOTS BRANDS  
280 CHESTNUT STREET  
NEWARK NJ 07105**

**290 CHESTNUT ST  
NEWARK NJ 07105**





**CHASE**  
**Chemical Company**  
280 Chestnut Street  
Newark, New Jersey 07105  
(201) 589-8181

September 16, 1980

Mr. Harry Ruisi  
Notification Contact Officer  
Environmental Protection Agency  
EPA Region II  
Information Service Center  
26 Federal Plaza  
New York, New York

Dear Mr. Ruisi;

Enclosed please find a copy of our Notification of hazardous Waste Activity. We recognize that it is being submitted after the August 19, 1980 deadline, but request that you consider the following:

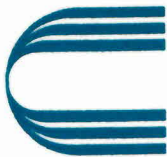
- 1.) We (Chase Chemical Company) never received a notice or notification package from EPA until we requested same on 9-3-80.
- 2.) That our concern for compliance with all Hazardous Waste Regulatory Activity and our possible inclusion under RCRA coverage prompted us to request the Notification package and to expeditiously file it together with requests for RCRA Hazardous Waste Permit Applications.

Thank you for your attention in this matter.

Very truly yours,

David Eromenok  
Dir. of Engineering





NID053522231

PERMITS ADMIN. BRANCH  
REGION II

MAR 30 3 01 PM '81

ENVIRONMENTAL PROTECTION  
AGENCY  
NEW YORK, N.Y. 10007

**CHASE**

**Chemical Company**

280 Chestnut Street  
Newark, New Jersey 07105  
(201) 589-8181

*del  
SD add gen  
only has  
TSD*

March 27, 1981

*done  
4/1/81  
af*

Mr. Harry Ruisi  
Notification Contact Officer  
United States Environmental Protection Agency  
Region II  
26 Federal Plaza  
New York, New York 10278

Dear Mr. Ruisi,

Enclosed please find an amended copy of our notification of hazardous waste activity. The difference between the original notification and this subsequent application is the change of installation status from a treatment, storage, and disposal facility to a generator only. Additional changes have also been made to the hazardous waste listing to include all laboratory wastes. We at Chase Chemical Company do not treat, store, or dispose of hazardous wastes at this facility and have no intent to do so in the future. The original status declaration resulted from a misinterpretation of RCRA facility classifications.

In view of this subsequent notification of hazardous waste activity, we trust that submission of the part A permit application will no longer be required. If there are any questions regarding our filing status, or if there is any additional information required, please contact me at your convenience.

Very truly yours,

*David Eromenok*

David Eromenok  
Director of Engineering

DE:nr







PLEASE PLACE LABEL IN THIS SPACE

## COMMENTS

DATE RECEIVED  
(yr., mo., & day)

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| C | H | A | S | E | C | H | E | M | I | C | A | L | C | O | D | I | V | I | R | O | O | U | O | T | S | B | R | A | N | D | S |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

STREET OR P.O. BOX

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 3 | 2 | 8 | 0 | C | H | E | S | T | N | U | T | S | T | R | E | E | T |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

CITY OR TOWN

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 4 | N | E | W | A | R | K |
|---|---|---|---|---|---|---|

| ST. |   | ZIP CODE |   |   |   |   |
|-----|---|----------|---|---|---|---|
| N   | J | 0        | 7 | 1 | 0 | 5 |

### III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 2 | 8 | 0 | C | H | E | S | T | N | U | T | S | T |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

CITY OR TOWN

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 6 | N | E | W | A | R | K |
|---|---|---|---|---|---|---|

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| N | J | 0 | 7 | 1 | 0 | 5 |
|---|---|---|---|---|---|---|

#### IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, &amp; job title)

PHONE NO. (area code &amp; no.)

2 E R O M E N O K D A V I D P L A N T E N G I N E E R

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 2 | 0 | 1 | . | 5 | 8 | 9 | . | 8 | 1 | 8 | 1 |
|---|---|---|---|---|---|---|---|---|---|---|---|

## V. OWNERSHIP

**A. NAME OF INSTALLATION'S LEGAL OWNER**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 8 | I | R | O | O | U | O | I | S | B | R | A | N | D | S | L | I | M | I | T | E | D |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

**B. TYPE OF OWNERSHIP**  
(enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL  
M = NON-FEDERAL

M

**X A. GENERATION**

☐ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

|  |    |    |    |
|--|----|----|----|
|  | 58 | 59 | 60 |
| <b>VII. MODE OF TRANSPORTATION</b> <i>(transporters only – enter "X" in the appropriate box(es))</i> |    |    |    |

☐ A. AIR

☐ B. RAIL

☐ C. HIGHWAY

☐ D. WATER☐ E. OTHER (specify):

### VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

C. INSTALLATION'S EPA I.D. NO.

☐ **A. FIRST NOTIFICATION**☒ **B. SUBSEQUENT NOTIFICATION** (complete item C)

N J D 0 5 3 5 2 2 2 3 1

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

| I.D. - FOR OFFICIAL USE ONLY |   |  |  |  |  |  |  |  |  |  |  |  |  |     |    |       |
|------------------------------|---|--|--|--|--|--|--|--|--|--|--|--|--|-----|----|-------|
| S                            |   |  |  |  |  |  |  |  |  |  |  |  |  | T/A | C  |       |
| W                            |   |  |  |  |  |  |  |  |  |  |  |  |  |     | 1  |       |
| 1                            | 2 |  |  |  |  |  |  |  |  |  |  |  |  |     | 13 | 14 15 |

# IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

| 1       | 2       | 3       | 4       | 5       | 6       |
|---------|---------|---------|---------|---------|---------|
| F 0 0 2 |         |         |         |         |         |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |
| 7       | 8       | 9       | 10      | 11      | 12      |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

| 13      | 14      | 15      | 16      | 17      | 18      |
|---------|---------|---------|---------|---------|---------|
|         |         |         |         |         |         |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |
| 19      | 20      | 21      | 22      | 23      | 24      |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |
| 25      | 26      | 27      | 28      | 29      | 30      |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

| 31      | 32      | 33      | 34      | 35      | 36      |
|---------|---------|---------|---------|---------|---------|
| P 0 3 2 | U 2 1 0 | U 0 8 0 | U 1 4 0 | U 2 1 1 | U 0 1 9 |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |
| 37      | 38      | 39      | 40      | 41      | 42      |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |
| U 0 0 2 | U 1 5 4 | U 0 4 4 | U 2 2 0 | U 0 5 6 | U 0 3 1 |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |
| 43      | 44      | 45      | 46      | 47      | 48      |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

| 49      | 50      | 51      | 52      | 53      | 54      |
|---------|---------|---------|---------|---------|---------|
|         |         |         |         |         |         |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE  
(D001)

☐ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☒ 4. TOXIC  
(D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

| SIGNATURE      | NAME & OFFICIAL TITLE (type or print) | DATE SIGNED |
|----------------|---------------------------------------|-------------|
| David Eromenok | David Eromenok<br>Plant Engineer      | 3/26/81     |





# U.S. ENVIRONMENTAL PROTECTION AGENCY NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

**INSTRUCTIONS:** If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.  
I. NAME OF INSTALLATION  
II. INSTALLATION MAILING ADDRESS  
III. LOCATION OF INSTALLATION

Chase Chemical Company  
Div. Iroquois Brands Ltd.  
280 Chestnut Street  
Newark, NJ 07105

## FOR OFFICIAL USE ONLY

### COMMENTS

INSTALLATION'S EPA I.D. NUMBER  
APPROVED  
DATE RECEIVED (yr., mo., & day)

## I. NAME OF INSTALLATION

CHASE CHEMICAL CO DIV IROQUOIS BRANDS

## II. INSTALLATION MAILING ADDRESS

### STREET OR P.O. BOX

280 CHESTNUT STREET

### CITY OR TOWN

NEWARK

### ST.

### ZIP CODE

NJ 07105

## III. LOCATION OF INSTALLATION

### STREET OR ROUTE NUMBER

290 CHESTNUT ST

### CITY OR TOWN

NEWARK

### ST.

### ZIP CODE

NJ 07105

## IV. INSTALLATION CONTACT

### NAME AND TITLE (last, first, & job title)

### PHONE NO. (area code & no.)

EROMENOK DAVID PLANT ENGINEER

201-589-8181

## V. OWNERSHIP

### A. NAME OF INSTALLATION'S LEGAL OWNER

IROQUOIS BRANDS LIMITED

### B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL  
M = NON-FEDERAL

M

### VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☐ A. GENERATION

☐ B. TRANSPORTATION (complete item VII)

☒ C. TREAT/STORE/DISPOSE

☐ D. UNDERGROUND INJECTION

## VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR

☐ B. RAIL

☐ C. HIGHWAY

☐ D. WATER

☐ E. OTHER (specify):

## VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION

☐ B. SUBSEQUENT NOTIFICATION (complete item C)

### C. INSTALLATION'S EPA I.D. NO.

## IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

CONTINUE ON REVERSE



| I.D. - FOR OFFICIAL USE ONLY |   |   |   |   |   |   |   |   |    |    |    |    |     |    |
|------------------------------|---|---|---|---|---|---|---|---|----|----|----|----|-----|----|
| S                            | W | J | D | 0 | 5 | 3 | 5 | 2 | 2  | 2  | 3  | 1  | T/A | C  |
| 1                            | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14  | 15 |

# IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

**A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

|                         |   |   |    |    |    |
|-------------------------|---|---|----|----|----|
| 1<br>F 0 0 2<br>23 - 26 | 2 | 3 | 4  | 5  | 6  |
| 7                       | 8 | 9 | 10 | 11 | 12 |

**B. HAZARDOUS WASTES FROM SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

|    |    |    |    |    |    |
|----|----|----|----|----|----|
| 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 |

**C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

|                          |                          |                          |                          |    |    |
|--------------------------|--------------------------|--------------------------|--------------------------|----|----|
| 31<br>P 0 3 2<br>23 - 26 | 32<br>U 2 1 0<br>23 - 26 | 33<br>U 2 2 6<br>23 - 26 | 34<br>U 1 5 4<br>23 - 26 | 35 | 36 |
| 37                       | 38                       | 39                       | 40                       | 41 | 42 |
| 43                       | 44                       | 45                       | 46                       | 47 | 48 |

**D. LISTED INFECTIOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

|    |    |    |    |    |    |
|----|----|----|----|----|----|
| 49 | 50 | 51 | 52 | 53 | 54 |
|----|----|----|----|----|----|

**E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES.** Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

|   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> 1. IGNITABLE (D001) | <input type="checkbox"/> 2. CORROSIVE (D002) | <input type="checkbox"/> 3. REACTIVE (D003) | <input type="checkbox"/> 4. TOXIC (D000) |
|---|--|---|--|

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

|           |                                       |             |
|-----------|---------------------------------------|-------------|
| SIGNATURE | NAME & OFFICIAL TITLE (type or print) | DATE SIGNED |
|           | David Eromenok<br>Plant Engineer      | 9/17/80     |

Signed on letter  
ap

ap

INSPECTION REPORT

*PAB*  
*Please File*

REPORT PREPARED FOR:

- ☒ Generator
- ☐ Transporter
- ☐ HWM (TSD) Facility

FACILITY INFORMATION

Name: CHASE CHEMICAL Co  
Address: 280 CHESTNUT STR  
NEWARK, N.J. 07105  
Lot: 39 Block: 95C  
County: ESSEX  
Phone: 201-589-8181  
EPA ID#: NJD053522231  
Date of Inspection: Jun. 14. 88

PARTICIPATING PERSONNEL

State or EPA Personnel: BOLESLAW CZACHOR - N.J. DEP  
CHRIS FELICETTI - N.J. DEP  
TOM SOLECKI - US EPA

Facility Personnel: JOSEPH BASILE - TRAF. MGR  
PHIL CAPKARA - ASS. TRAF. MGR

Report Prepared by Name: BOLESLAW CZACHOR

Region: 14  
Telephone #: 201-667-3975  
Reviewed by: Jack Smith Jack  
Date of Review: 02-16-88

INSPECTION REPORT

*[Handwritten signature]*



FACILITY NAME: CHASE CHEMICAL Co.

ADDRESS: 290 CHESTNUT STR  
NEWARK, NJ 07105

TIME IN: 0930

COUNTY: ESSEX

TIME OUT: \_\_\_\_\_

EPA ID : NJDE53522231

DATE OF INSPECTION: Jan. 14. 88

PHOTOS TAKEN ☐ YES ☒ NO

If yes, how many? N/A

SAMPLE TAKEN ☐ YES ☒ NO

NO. OF SAMPLES N/A

NJDEP ID # N/A

MANIFESTS REVIEWED ☒ YES ☐ NO

Number of manifests in compliance 33

Number of manifests not in compliance 5

List manifest document numbers of those manifests not in compliance.

ln # NJA 0275052 (11/02/87) } missing  
" NJA 0275065 (07/05/87) } LBR  
" NJA 0360044 (07/10/87) } intiperti  
and  
ln # NJA 0360372 (11/09/87)  
- apparently wrong EPA  
wrote type ID #.



CONFIDENTIAL - RECOMMENDATIONS

TO: \_\_\_\_\_

FROM: \_\_\_\_\_

DATE: \_\_\_\_\_

SUBJECT: \_\_\_\_\_

None



## SUMMARY OF FINDINGS

### FACILITY DESCRIPTION AND OPERATIONS

The Chase Chemical Co, located in NEWARK, N.J. with the EPA assigned ID# NJD05352231, is a manufacturer of vitamins, soft gelatin vitamins and compressed tablets. The manufacturing process involves a fish ~~and~~ liver oils and associated with it vitamins A, E, D, vitamin E, and laxatives drugs. The raw materials received on site are already vitamins in bulk, they are cut down to the single dosage and packaged in jars for the consumer market.

The hazardous wastes are generated in:

- degreasing operations - the capsules are washed with naphtha to remove the oil; occasionally methylene chloride is used
- the gelatinating process in which the gelatine is recovered from the solution with mineral oil.
- cleaning of equipment with isopropanol alcohol and perchloroethylene.
- maintenance operations - waste oils for the machinery.
- laboratory waste which is flamm. liquids and waste chloroform.

Accord. to MR. J. BASILE in all those operations a 100% pure solvents are used.



SUMMARY OF FINDINGS

FACILITY DESCRIPTION AND OPERATIONS

ALL hcz. wastes are collected into the 55-Gal drums, 17H, stored on the hcz. waste storage area and shipped off site in same containers. The approximate amounts of waste generated on quarterly basis are as follow: perchloroethylene 25 DR, naphtha 25 DR, methylene chloride - 5 DR, isopropanol alcohol - 3 DR, waste oil - 10 DR, lab waste 3 drums.

A 15 manifests were used in 1986 and 22 manifests were used in 1987 for disposal of hcz. waste. Three manifests in # N7A0275052 (11/02/87) in # N7A0275068 (07/08/87) in # N7A0360044 (09/14/87) were found missing a land ban restrictions notification form and one manifest in # N7A0360372 (11/09/87) was found with apparently improper classification of waste in section 11a-I, where Dool waste type was used instead Foo1. However no documentation was available to substantiate this statement. A copies of all four manifests are attached to this report.

The company was found being deficient and the field NEH's were issued for the following N7AET:26-9.4(g)6ii, 9.6(f)14, 9.7(c) 9.7(e) 9.7(f).





Describe the activities that result in the generation of hazardous waste.

- degreasing operations of capsules
- cleaning of equipment
- maintenance operations
- Laboratory operations

Identify the hazardous waste located on site, and estimate the approximate quantities of each.  
(Identify Waste Codes)

3 - 55 GAL drums of F001

6 - 55 GAL drums of D001

1 - 55 GAL drum of X721.



# GENERATOR INSPECTION CHECKLIST

|                 |   | YES | NO | N/A |
|-----------------|---|-----|----|-----|
| 7:26-8.5        | <u>Hazardous waste determination</u>  |     |    |     |
|                 | (a) Did the generator test its waste to determine whether it is hazardous?  | X   | —  | —   |
|                 | Is the waste hazardous?   | X   | —  | —   |
| 7:26-8.5(b)2    | Is the generator determining that its waste exhibits a hazardous waste characteristic(s) based on its knowledge of the material(s) or processes used?   | X   | —  | —   |
|                 | Has hazardous waste been shipped off site since November 19, 1980?  | X   | —  | —   |
|                 | If yes, how many shipments, off site, have been made and describe the approximate size of an average shipment made on a monthly basis. If facility is a small quantity generator, please explain.<br><i>1.5 - 2 a month about 20 drums.</i> |     |    |     |
| 7:26-7.4(a)1    | Does the generator have an EPA ID #?  | X   | —  | —   |
| 7:26-7.4(a)4    | Does each manifest have the following information? Please circle the elements missing and obtain a copy of the incomplete manifests. (List those manifests that are deficient)  | X   | —  | —   |
| 7:26-7.4(a)4i   | The generator's name, address and phone number?   | X   | —  | —   |
| 7:26-7.4(a)4ii  | The generator's EPA ID number?  | X   | —  | —   |
| 7:26-7.4(a)4iii | The transporter(s) name, address and phone number?  | X   | —  | —   |
| 7:26-7.4(a)4iv  | The transporter(s) EPA ID number?   | X   | —  | —   |
| 7:26-7.4(a)4v   | The name, address and phone number of the designated TSD facility?  | X   | —  | —   |
| 7:26-7.4(a)4vi  | The TSDF's EPA ID number?   | X   | —  | —   |
| 7:26-7.4(a)4vii | The name, type and quantity of hazardous waste being shipped, including such particulars as may be required regarding same?   | —   | X  | —   |



|                  |   | <u>YES</u> | <u>NO</u> | <u>N/A</u> |
|------------------|---|------------|-----------|------------|
| 7:26-7.4(a)4viii | Special handling instructions and any other information required on the form to be shipped by the generator?  | <u>X</u>   | —         | —          |
| 7:26-7.4(a)5     | Before allowing the manifested waste to leave the generator's property, did the generator:  | <u>X</u>   | —         | —          |
| 7:26-7.4(a)5i    | Sign the manifest certification by hand?  | <u>X</u>   | —         | —          |
| 7:26-7.4(a)5ii   | Obtain the handwritten signature of the initial transporter and date of acceptance on the manifest?   | <u>X</u>   | —         | —          |
| 7:26-7.4(a)5iii  | Retain one copy and forward one copy to the state of origin and one copy to the state of destination?   | <u>X</u>   | —         | —          |
| 7:26-7.4(a)5iv   | Give remaining copies of the manifest form to the transporter?  | <u>X</u>   | —         | —          |
| 7:26-7.4(f)1     | Has the generator maintained facility records for three (3) years? (Manifest(s), exception report(s) and waste analysis)                                  | <u>X</u>   | —         | —          |
| 7:26-7.4(h)1     | Has the generator received signed copies of portion B (from the TSD facility) of all manifests for waste shipped off site more than 35 days ago?          | <u>X</u>   | —         | —          |
| 7:26-7.4(h)2     | If not:   |            |           |            |
|                  | 1. Did the generator contact the hauler and/or the owner or operator of the TSDF and the NJDEP at 609-292-9877 to inform the NJDEP of the situation, and  | —          | —         | <u>X</u>   |
|                  | 2. Have exception reports been submitted to the Department covering any of these shipments made more than 45 days ago?                                    | —          | —         | <u>X</u>   |
|                  | Before transporting or offering hazardous waste for transportation off site, does the generator?  |            |           |            |
| 7:26-7.2(a)      | Conspicuously label appropriate manifest numbers on all hazardous waste containers that are intended for shipment?  | <u>X</u>   | —         | —          |
| 7:26-7.2(b)      | Insure that all containers used to transport hazardous waste off site are in conformance with applicable DOT regulations (i.e., 49 CFR 171 - 49 CFR 179)? | <u>X</u>   | —         | —          |





YES   NO   N/A

7:26-9.3

Accumulation time

How is waste accumulated on site?

- ☒ Containers
- ☐ Tanks (complete HWMF checklist)
  - ☐ Aboveground   ☐ Below ground
- ☐ Surface impoundments (complete HWMF checklist)
- ☐ Piles (complete HWMF checklist)

7:26-9.3(a)3

Is each container clearly dated with each period of accumulation so as to be visible for inspection?

— ☒ —

7:26-9.3(a)1

Is waste accumulated for more than 90 days?

— ☒ —

If yes, complete HWMF checklist.

STOP HERE IF THE HAZARDOUS WASTE MANAGEMENT FACILITY (TSD) CHECKLIST IS FILLED OUT.



-4-

SHORT TERM ACCUMULATION STANDARDS (FOR GENERATORS WHO ACCUMULATE WASTE IN CONTAINERS  
FOR 90 DAYS OR LESS)

YES    NO    N/A

7:26-9.4

Containers

What type of containers are used for storage.  
Describe the size, type and quantity and  
nature of waste (e.g., 12 fifty five gallon  
drums of waste acetone).

3-F001    6 D001.    X 721-1

7:26-9.4(d)1i

Do the containers appear to be in good condition,  
not in danger of leaking?

X    —    —

If no, please describe the type, condition and  
number of leaking or corroded containers. Be  
detailed and specific.

7:26-9.4(d)4i

Are all containers securely closed except  
those in use?

X    —    —

7:26-9.4(d)4iii

Do containers appear to be properly handled  
or stored in a manner which will minimize the  
risk of the container rupturing or leaking?

X    —    —

7:26-9.4(d)4iv

Are containerized hazardous waste segregated  
in storage by waste type?

X    —    —

7:26-9.4(d)4v

Is every container arranged so that its  
identification label is visible?

X    —    —

7:26-9.4(d)5

Is the storage area inspected at least  
daily?

X    —    —

7:26-9.4(d)6

Are containers holding ignitable and reactive  
wastes located at least 50 feet (15 meters)  
from the facility's property line?

X    —    —

7:26-11.2

Tanks

N/A

7:26-12.1(a)

Does the generator store hazardous waste in  
tanks?

—    —    —

If yes, what are the approximate number and  
size of tanks containing hazardous waste?

Identify the waste treated/stored in each tank.



|               |  | <u>YES</u> | <u>NO</u> | <u>N/A</u> |
|---------------|--|------------|-----------|------------|
|               | <u>General Operating Requirements</u>  |            |           |            |
| 7:26-11.2(a)2 | Are the tanks maintained so that there is no evidence of past, present, or risk of future leaks?   | —          | —         | —          |
|               | If no, please explain.   |            |           |            |
|               | Are there leaking tanks?   | —          | —         | —          |
| 7:26-11.2(a)2 | Are all hazardous wastes or treatment reagents being placed in tanks compatible with the tank material so that there is no danger or ruptures, corrosion, leaks or other failures? | —          | —         | —          |
| 7:26-11.2(3)  | Do uncovered tanks have at least 2 feet of freeboard or an adequate containment structure?   | —          | —         | —          |
| 7:26-11.2(a)4 | If waste is continuously fed into a tank, is the tank equipped with a means to stop the inflow from the tank, e.g., bypass system to a standby tank?                               | —          | —         | —          |
| 7:26-11.2(d)  | <u>Inspections</u>   |            |           |            |
|               | Is the tank(s) inspected each operating day for:   |            |           |            |
|               | 1. Discharge control equipment   | —          | —         | —          |
|               | 2. Monitoring equipment  | —          | —         | —          |
|               | 3. Level of waste in tank  | —          | —         | —          |
|               | 4. Construction of materials of the tank   | —          | —         | —          |
|               | 5. Are the tanks and surrounding areas (e.g., dike) inspected weekly for leaks, corrosion or other failures?   | —          | —         | —          |
| 7:26-9.2(b)   | Are there underground tanks used to store hazardous waste?   | —          | —         | —          |
|               | If yes, how many and can they be entered for inspection?   | —          | —         | —          |
| 7:26-11.2(e)  | Are ignitable or reactive wastes stored in a manner which protects them from a source of ignition or reaction?   | —          | —         | —          |
|               | If no, please explain.   |            |           |            |

1900-1901

1901-1902

1902-1903

1903-1904

1904-1905

1905-1906

1906-1907

1907-1908

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1919-1920

1920-1921

1921-1922

1922-1923

1923-1924

1924-1925

1925-1926

1926-1927

1927-1928

1928-1929

1929-1930

|                 |   | <u>YES</u> | <u>NO</u> | <u>N/A</u> |
|-----------------|---|------------|-----------|------------|
| 7:26-11.2(f)    | Does it appear that incompatible wastes are being stored separate from each other?  | <u>X</u>   | —         | —          |
| 7:26-9.4(g)4    | <u>Personnel training</u><br>Have facility personnel successfully completed a program of classroom instruction or on-the-job training since six months after the date of their employment or assignment to the facility or to a new position at the facility?                                 | <u>X</u>   | —         | —          |
| 7:26-9.4(g)2    | Is the program directed by a person trained in hazardous waste management procedures and does it include instruction which teaches facility personnel hazardous waste management procedures (including contingency plan implementation) relevant to the positions in which they are employed? | <u>X</u>   | —         | —          |
| 7:26-9.4(g)5    | If yes, have facility personnel taken part in an annual review of the initial training?   | <u>X</u>   | —         | —          |
|                 | Is there written documentation of the following:  |            |           |            |
| 7:26-9.4(g)6i   | Job title for each position at the facility related to hazardous waste management, and the name of the employee filling each job?   | <u>X</u>   | —         | —          |
| 7:26-9.4(g)6ii  | A written job description for each position related to hazardous waste management?  | —          | <u>X</u>  | —          |
| 7:26-9.4(g)6iii | A written description of the type and amount of both introductory and continuing training that has been and will be given to personnel in jobs related to hazardous waste management?   | <u>X</u>   | —         | —          |
| 7:26-9.4(g)6iv  | Documentation of actual training or experience received by personnel?   | <u>X</u>   | —         | —          |
| 7:26-9.4(g)7    | Are training records kept on all current employees until closure of the facility and training records kept on former employees for three years from their last date of employment?  | <u>X</u>   | —         | —          |
| 7:26-9.4(g)8    | Are semi-annual drills conducted involving all employees and appropriate local authorities to test emergency response capabilities at the facility in accordance with the contingency plan and emergency procedures development pursuant to NJAC 7:26-9.7?                                    | <u>X</u>   | —         | —          |



100 100 100

100 100 100

100 100 100

100 100 100

100 100 100

100 100 100

100 100 100

100 100 100

YES   NO   N/A

7:26-9.6

Preparedness and prevention

Does the facility comply with preparedness  
and prevention requirements including  
maintaining:

AW

11.11.1941

11.11.1941

11.11.1941

|              |  | <u>YES</u>                          | <u>NO</u>                | <u>N/A</u>               |
|--------------|--|-------------------------------------|--------------------------|--------------------------|
| 7:26-9.6(b)1 | An internal communications or alarm system?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7:26-9.6(b)2 | A telephone or other device to summon emergency assistance from local authorities?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7:26-9.6(b)3 | Portable fire equipment, spill control equipment, and decontamination equipment?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7:26-9.6(b)4 | Water at adequate volume and pressure to supply water hose streams, or foam producing equipment, or automatic sprinklers, or water spray systems?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7:26-9.6(c)  | Is equipment tested and maintained?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7:26-9.6(d)1 | Is there immediate access to communications or alarm systems during handling of hazardous waste?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7:26-9.6(e)  | Adequate aisle space to allow unobstructed movement of personnel fire protection equipment, spill control equipment and decontamination equipment? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If no, please explain.

In your opinion, do the types of waste on site require all of the above procedures, or are some not required?

☒ ☐ ☐

Explain.

|              |  |                                     |                                     |                                     |
|--------------|--|-------------------------------------|-------------------------------------|-------------------------------------|
| 7:26-9.6(f)  | Has the facility made the following arrangements, as appropriate for the type of waste handled on site:  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 7:26-9.6(f)1 | Familiarize police, fire departments and emergency response teams with the layout of the facility and hazardous waste handled?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 7:26-9.6(f)2 | Where more than one police and fire department might respond to an emergency, is there an agreement designating primary emergency authority to a specific police or fire department, and agreements with any others to provide support to the primary emergency authority? | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |



|              |   | <u>YES</u>                          | <u>NO</u>                           | <u>N/A</u>                          |
|--------------|---|-------------------------------------|-------------------------------------|-------------------------------------|
| 7:26-9.6(f)3 | Agreements with emergency response contractors, and equipment suppliers?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 7:26-9.6(f)4 | Arrangements to familiarize local hospitals with the properties of hazardous waste handled at the facility and the types of injuries or illnesses which could result from fires, explosions, or discharges at the facility?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 7:26-9.6(f)5 | Arrangements with local fire departments to inspect the facility on a regular basis with at least two (2) inspections annually?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 7:26-9.7     | <u>Contingency plan and emergency procedures</u>  |                                     |                                     |                                     |
| 7:26-9.7(a)  | Does the facility have a written contingency plan for emergency procedures designed to deal with fires, explosions, hazards to human health or environment, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to air, soil or surface water? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 7:26-9.7(b)  | Are provisions of the plan carried out immediately whenever there is a fire, explosion, or release of hazardous waste or hazardous waste constituents which could threaten human health or the environment?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 7:26-9.7(c)  | Does the contingency plan describe the actions facility personnel shall take in response to fires, explosions, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to air, soil, or surface water at the facility?                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 7:26-9.7(d)  | Did the owner or operator prepare a Spill Prevention, Control, and Countermeasures (SPCC) Plan in accordance with 40 CFR 112 or 151 or a Discharge Prevention, Containment and Countermeasure (DPCC) Plan in accordance with N.J.A.C. 7:1E-4.1 <u>et seq.</u> ?                             | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
|              | If yes, did the owner or operator amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this section?   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 7:26-9.7(e)  | Does the plan describe arrangements agreed to by local police departments, fire departments, hospitals, contractors, and State and local emergency response teams to coordinate emergency services?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |





YES    NO    N/A

7:26-9.7(f)

Does the plan list names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinator and is this list kept up to date? Where more than one person is listed, one shall be named as primary emergency coordinator and others shall be listed in the order in which they will assume responsibility as alternates.

☒ — —

7:26-9.7(g)

Does the plan include a list of all emergency equipment at the facility (such as fire extinguishing systems, spill control equipment, communications and alarm systems (internal and external), and decontamination equipment), where this equipment is required? Is the list kept up-to-date? In addition, does the plan include the location and a physical description of each item on the list, and a brief outline of its capabilities?

— ☒ —

7:26-9.7(h)

Does the plan include an evacuation procedure for facility personnel where there is a possibility that evacuation could be necessary? Does this plan describe signal(s) to be used to begin evacuation, evacuation routes, and alternative evacuation routes (in cases where the primary routes could be blocked by releases of hazardous waste or fires)?

☒ — —

7:26-9.7(i)

Is a copy of the contingency plan and all revisions to the plan:

1. Maintained at the facility; and

☒ — —

2. Has the contingency plan been submitted to local authorities (police fire departments, emergency response teams)?

☒ — —



# GENERATOR PRE-INSPECTION REVIEW

1. Did the generator notify the Agency that it was generating an F-solvent waste on Form 8700-12 (Request for I.D. Number) [262.12]? **YES**
2. Has the generator achieved interim or permitted status as a storage facility by filing a Part A, Part B, or via an interim status compliance letter (ISCL)?
3. Is the generator a pharmaceutical plant? **YES**
4. Have all the generator's F-solvent wastes been delisted by the Agency? **NO**
5. Has the generator been granted a case-by-case extension by the Administrator [268.5]? And, if so, is that extension still in effect? If the extension is in effect, has the generator been providing progress reports on time? **NO**
6. Is the generator a Small Quantity Generator (100-1,000 Kg/month) of F-solvents [268.30]? (Determine whether the national capacity extension applies.) **NO**
7. Is the F-solvent waste generated by a RCRA Corrective Action or a CERCLA response? If so, is the waste considered soil or debris [268.30]? **N/A**
8. Is the F-solvent waste a solvent-water mixture, solvent-containing sludge, or solvent-contaminated soil containing less than one percent total F001-F005 constituents by weight [268.30]? (Determine whether national capacity extension applies.) **NO**
9. Is the F-solvent waste a wastewater (a solvent-water mixture containing total organic carbon of one percent or less) [268.30]? (Determine appropriate BDAT level.) **N/A**
10. Has the facility at which the generator's waste is disposed been granted a variance from treatment standards per [268.44] (i.e., did the final decision appear in the Federal Register)? **NO**
11. Has the facility at which the generator's waste is disposed received a "no migration" waiver [268.6] or a case-by-case extension [268.5]? **NO**



Address: 2 BABCOCK PL  
W. ORANGE, N.J. 07052  
Telephone No: 201 669 3960

RCRA LAND RESTRICTION F-SOLVENT  
GENERATOR CHECKLIST

I. HANDLER IDENTIFICATION

A. Handler Name CHASE CHEMICAL Co. B. Street (or other identifier) 280 CHESTNUT STR  
C. City NEWARK, D. State N.J. E. Zip Code 07105 F. County Name ESSEX  
G. Nature of Business; Identification of Operations manufacturer of vitamins and pharmaceuticals  
H. EPA ID # MD 053 52 2231  
I. Handler Contact (Name and Phone Number) JOSEPH BASILE

II. GENERATOR COMPLIANCE

A. F-Solvent Identification

1. Does the handler generate the following wastes?

a. F001 ☒ Yes ☐ No  
b. F002 ☒ Yes ☐ No  
c. F003 ☒ Yes ☐ No

If an F003 wastestream listed solely for ignitability has been mixed with a non-restricted solid or hazardous waste, does the resultant mixture exhibit the ignitability characteristic? ☐ Yes ☐ No

d. F004 ☐ Yes ☐ No  
e. F005 ☐ Yes ☐ No

2. Source of the above: Form 8700-12 ☒; Part A ☐; Part B ☐;  
other (specify) ☐

Appendix A is intended to assist the inspector and enforcement official in determining whether the facility is generating F-solvent wastes, if such wastes were not identified by the facility previously. If you are concerned that F-solvent wastes may be misclassified or mislabeled, turn to Appendix A. Note concerns below: \_\_\_\_\_

RECEIVED  
JAN 11 1964  
FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE

RECEIVED  
JAN 11 1964  
FEDERAL BUREAU OF INVESTIGATION  
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FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE

Generator Name: CHASE CHEM  
ID Number: \_\_\_\_\_  
Inspector: B.C.  
Date: 11/14/88

B. BDAT Treatability Group - Treatment Standards Identification

Comments

1. Did the generator correctly determine the appropriate treatability group [268.41] of the waste (Wastewaters containing solvents, pharmaceutical wastewaters containing spent methylene chloride, all other spent solvent wastes)?

☒ Yes ☐ No

C. Waste Analysis

1. Did the generator determine whether the waste exceeds treatment standards based on [268.7(a)]:

a. Knowledge of wastes ☒ Yes ☐ No

b. TCLP ☐ Yes ☐ No

c. Other (specify) \_\_\_\_\_

If knowledge, note how this is adequate:

YFS

If determined by TCLP, provide date of last test, frequency of testing, and attach test results.

Dates/frequency: \_\_\_\_\_

Note any problems: \_\_\_\_\_

- d. Were wastes tested using TCLP when a process or wastestream changed?

☐ Yes ☐ No

2. Did the F-solvent wastes exceed applicable treatability group treatment standards upon generation [268.7(a)(2)]?

☐ Yes ☒ No  
☐ Some

3. Did the generator dilute the waste or the treatment residual so as to substitute for adequate treatment [268.3]

☐ Yes ☒ No

D. Management

1. Onsite management

- a. Were F-solvent wastes managed onsite?

☐ Yes ☐ No

If yes, answer 1(b) and (c); if no, answer 2.



IS [illegible]  
Inspector: [illegible]  
Date: [illegible]

San Francisco County - [illegible]

and the [illegible] [illegible]  
[illegible] [illegible] [illegible]  
[illegible] [illegible] [illegible]  
[illegible] [illegible] [illegible]

DEPT. OF [illegible]  
[illegible] [illegible]

[illegible]  
[illegible]  
[illegible]  
[illegible]

[illegible]  
[illegible]  
[illegible]  
[illegible]

[illegible]  
[illegible]

[illegible]  
[illegible]

[illegible]  
[illegible]

[illegible]  
[illegible]

ID Number: \_\_\_\_\_

Inspector: Be

Date: 1/14/88

Comments

- b. For wastes that exceed treatment standards, was treatment, storage, and/or disposal conducted?  
\_\_\_\_ Yes ☒ No

If yes, TSD Checklist must be completed.

- c. Are test results maintained in the operating record [264.74(b)3/265.73(b)(3)]?  
\_\_\_\_ Yes \_\_\_\_ No

## 2. Offsite Management

- a. If F-solvent wastes exceed treatment standards, did generator provide treatment facility [268.7(a)(1)]:

- (i) EPA waste number? ☒ Yes \_\_\_\_ No  
(ii) Applicable treatment standard? ☒ Yes \_\_\_\_ No  
(iii) Manifest number? ☒ Yes \_\_\_\_ No  
(iv) Waste analysis data, if available? ☒ Yes \_\_\_\_ No

Identify offsite treatment facilities CYCLE CHEM, SRS - HINDEM, ATLAS ASSOCIATES,

- b. If F-solvent wastes did not exceed treatment standards, did generator provide the disposal facility [268.7(a)(2)]:

- (i) EPA Hazardous waste number? \_\_\_\_ Yes \_\_\_\_ No  
(ii) Applicable treatment standard? \_\_\_\_ Yes \_\_\_\_ No  
(iii) Manifest number? \_\_\_\_ Yes \_\_\_\_ No  
(iv) Waste analysis data, if available? \_\_\_\_ Yes \_\_\_\_ No  
(v) Certification that waste meets treatment standards? \_\_\_\_ Yes \_\_\_\_ No

Identify land disposal facilities receiving the BDAT certified wastes \_\_\_\_\_



ID Number: \_\_\_\_\_

Inspector: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1/14/88

Comments

- c. If waste is subject to nationwide variance [268.30] (e.g., solvent-water mixtures less than 1%), case-by-case extension [268.5] or petition [268.6] does generator provide notice to disposer that waste is exempt from land disposal restrictions [268.7(a)(3)]?

\_\_\_ Yes ☒ No

E. Storage of F-Solvent Waste

1. Was F-solvent waste stored for greater than 90 days (after variance 180/270 days for SOG) [268.50(a)(1)]?

\_\_\_ Yes ☒ No

If yes, was facility operating as a TSD under interim status or final permit? \_\_\_ Yes \_\_\_ No

If yes, TSD Checklist must be completed.

F. Treatment Using RCRA 264/265 Exempt Units or Processes (i.e., boilers, furnaces, distillation units, wastewater treatment tanks, etc.)

1. Were treatment residuals generated from RCRA 264/265 exempt units or processes?

\_\_\_ Yes \_\_\_ No

If yes, list type of treatment unit and processes

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the residuals from a RCRA-exempt treatment unit are above the treatment standards, the owner/operator is considered a generator of restricted waste. The inspector should determine whether the generator requirements, particularly waste identification requirements, have been met for the treatment residuals.



ID Number: \_\_\_\_\_

Inspector: BeDate: 6/14/88

## APPENDIX A

Comments

## SOLVENT IDENTIFICATION CHECKLIST

1. Does the handler generate any of the following F001 constituents (i.e., spent halogenated solvents used in degreasing) as a result of being used in the process either in pure form or commercial grade?

|                           |   |                             |
|---------------------------|---|-----------------------------|
| tetrachloroethylene       | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| trichloroethylene         | <input type="checkbox"/> Yes            | <input type="checkbox"/> No |
| methylene chloride        | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1,1,1-trichloroethane     | <input type="checkbox"/> Yes            | <input type="checkbox"/> No |
| carbon tetrachloride      | <input type="checkbox"/> Yes            | <input type="checkbox"/> No |
| chlorinated fluorocarbons | <input type="checkbox"/> Yes            | <input type="checkbox"/> No |

2. Does the handler generate any of the following F002 constituents (i.e., spent halogenated solvents) as a result of being used in the process either in pure form or commercial grade?

|                                       |                              |                             |
|---------------------------------------|------------------------------|-----------------------------|
| tetrachloroethylene                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| trichloroethylene                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| methylene chloride                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1,1,1-trichloroethane                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| chlorobenzene                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| trichlorofluoromethane                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1,1,2-trichloro-1,2,2-trifluoroethane | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ortho-dichlorobenzene                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

3. Does the handler generate any of the following F003 constituents (i.e., spent nonhalogenated solvents) as a result of being used in the process either in pure form or commercial grade?

|                        |   |                             |
|------------------------|---|-----------------------------|
| xylene                 | <input type="checkbox"/> Yes            | <input type="checkbox"/> No |
| acetone                | <input type="checkbox"/> Yes            | <input type="checkbox"/> No |
| ethyl acetate          | <input type="checkbox"/> Yes            | <input type="checkbox"/> No |
| ethyl benzene          | <input type="checkbox"/> Yes            | <input type="checkbox"/> No |
| ethyl ether            | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| methyl isobutyl ketone | <input type="checkbox"/> Yes            | <input type="checkbox"/> No |
| n-butyl alcohol        | <input type="checkbox"/> Yes            | <input type="checkbox"/> No |
| cyclohexanone          | <input type="checkbox"/> Yes            | <input type="checkbox"/> No |
| methanol               | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

If the F003 wastestream has been mixed with a solid waste, does the resultant mixture exhibit the ignitability characteristic? ☐ Yes ☐ No





ID Number: \_\_\_\_\_

Inspector: \_\_\_\_\_

Date: \_\_\_\_\_

CHITSE CHEM

Comments

4. Does the handler generate any of the following F004 constituents (i.e., spent nonhalogenated solvents) as a result of being used in the process either in pure form or commercial grade?

cresols and cresylic acid  
nitrobenzene

Yes No  
Yes No

5. Does the handler generate any of the following F005 constituents (i.e., spent nonhalogenated solvents) as a result of being used in the process either in pure form or commercial grade?

toluene  
methyl ethyl ketone  
carbon disulfide  
isobutanol  
pyridine

Yes No  
Yes No  
Yes No  
Yes No  
Yes No

6. Are any of the constituents listed in the questions 1-5 used for their "solvent" properties -- that is to solubilize (dissolve) or mobilize other constituents? The following questions will be helpful in confirming this determination.

(a) Chemical carriers?

Yes No

If the answer is yes, list the constituents.

(b) Degreasing/cleaning?

X Yes No

If the answer is yes, list the constituents.

(c) Diluents?

X Yes No

If the answer is yes, list the constituents.



ID Number: \_\_\_\_\_  
Inspector: \_\_\_\_\_  
Date: \_\_\_\_\_

(d) Extractants? \_\_\_\_\_ Yes \_\_\_\_\_ No

Comments

If the answer is yes, list the constituents.

\_\_\_\_\_  
\_\_\_\_\_

(e) Fabric scouring? \_\_\_\_\_ Yes \_\_\_\_\_ No

If the answer is yes, list the constituents.

\_\_\_\_\_  
\_\_\_\_\_

(f) Reaction and synthesis media? \_\_\_\_\_ Yes \_\_\_\_\_ No

If the answer is yes, list the constituents.

\_\_\_\_\_  
\_\_\_\_\_

If questions 1-6 led the inspector to believe that the waste may be an F-solvent, answer question 7.

7. Are any of the above constituents spent solvents? A solvent is considered "spent" when it has been used and is no longer used without being regenerated, reclaimed, or otherwise reprocessed. ☒ Yes \_\_\_\_\_ No

8. If the waste is a mixture of constituents as determined in questions 1-7, answer this to determine whether it is a "solvent mixture" covered by the listings.

If the wastestream is mixed and contains more than one of the F001-F005 constituents listed in questions 1-5 (by volume), give the concentration before use of all the constituents in the solvent mixture/blend. For example:

5% methylene chloride  
2% trichloroethylene  
25% 1,1,1-trichloroethane  
68% mineral spirits  
100%

If the wastestream is a mixture containing a total of 10% or more (by volume) of one or more of the F001, F002, F004, or F005 listed constituents before use, it is a listed waste.

*No solvents  
are mixed  
on site.*

ID Number: \_\_\_\_\_  
Inspector: \_\_\_\_\_  
Date: \_\_\_\_\_

4 the 1st  
1971

the 1st of 1971

Inspector: \_\_\_\_\_

Date: \_\_\_\_\_

Comments

With respect to the F003 solvent wastes, if, before use, the wastestream is mixed and contains only F003 constituents, it is a listed waste. For example:

33% acetone  
16% methanol  
51% ethyl ether  
100%

If the wastestream is a mixture containing F003 constituents and a total of 10% or more of one or more of the F001, F002, F004, and F005 listed constituents before use, it is a listed waste.  
For example:

50% xylene F003  
12% TCE F001  
38% mineral spirits  
100%

If in light of the above, the handler appears to be generating F001-f005 hazardous wastes, refer this facility to the enforcement official for follow-up actions verifying the use of solvents at the facility.

With respect to the 100% solvent content, it is noted  
that the water content is mixed and contains only 100%  
solvent.

100%



State of ~~New~~ Jersey  
Department of Environmental Protection  
Division of Waste Management  
CN 028, Trenton, NJ 08625

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Manifest  
of 1

Information in the shaded areas  
is not required by Federal  
law

UNIFORM HAZARDOUS  
WASTE MANIFEST

Generator's US EPA ID No  
NJ 000335242315004

A. State Manifest Document Number  
**NJA 0360044**

B. State Generator's ID  
**NJA 0360044**

C. State Transporter's ID **NJDEP37067**

D. Transporter's Phone **201-935-4363**

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone **201-225-9500**

I. Facility's Name

J. Facility's Address

K. Facility's City

L. Facility's State

M. Facility's Zip

N. Facility's Phone

O. Facility's Name

P. Facility's Address

Q. Facility's City

R. Facility's State

S. Facility's Zip

T. Facility's Phone

U. Facility's Name

V. Facility's Address

W. Facility's City

X. Facility's State

Y. Facility's Zip

Z. Facility's Phone

AA. Facility's Name

AB. Facility's Address

AC. Facility's City

AD. Facility's State

AE. Facility's Zip

AF. Facility's Phone

AG. Facility's Name

AH. Facility's Address

AI. Facility's City

AJ. Facility's State

AK. Facility's Zip

AL. Facility's Phone

AM. Facility's Name

AN. Facility's Address

AO. Facility's City

AP. Facility's State

AQ. Facility's Zip

AR. Facility's Phone

AS. Facility's Name

AT. Facility's Address

AU. Facility's City

AV. Facility's State

AW. Facility's Zip

AX. Facility's Phone

AY. Facility's Name

AZ. Facility's Address

BA. Facility's City

BB. Facility's State

BC. Facility's Zip

BD. Facility's Phone

1. Generator's Name and Mailing Address

Chase Chemical Co.  
280 Chestnut St.  
Newark, NJ 07105

2. Generator's Phone (201-589-8181)

3. Transporter 1 Company Name

Perretti Freight Services

4. Transporter 2 Company Name

5. Designated Facility Name and Site Address

Atlas Associated  
109 Fifth Ave.  
Paterson, NJ 07524

6. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. Waste Formaldehyde solution  
ORMA UN 2209 (EPA-F001)

b. Waste Cyanogen Bromide  
Poison B UN1869 (EPA-U246)

c. Hazardous Waste Liquid, NOS  
ORME RA9189 (EPA-D007)

7. Additional Descriptions for Materials Listed Above  
L-1 Kathene  
L-1

8. Special Handling Instructions and Additional Information

A) Tech # 945 Formaldehyde  
B) Tech # 4009 Cyanogen Bromide

C) Tech # 4037 Kathene Solution

9. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed Name: **Philip Capra** Signature: **Philip Capra** Month: **10** Day: **09** Year: **1987**

10. Transporter 1 Acknowledgement of Receipt of Materials  
Printed Name: **Frank Lockett** Signature: **Frank Lockett** Month: **10** Day: **09** Year: **1987**

11. Transporter 2 Acknowledgement of Receipt of Materials  
Printed Name: Signature: Month: Day: Year:

12. Discrepancy Indication Space

13. Facility Name and Address

14. Facility City and State

15. Facility Zip

16. Facility Phone

In case of an emergency or spill notification call the appropriate agency

SIGNATURE AND INFORMATION MUST BE FURNISHED ON ALL







State of New Jersey  
Department of Environmental Protection  
Division of Waste Management  
CN 028, Trenton, NJ 08625

Form Approved. OMB No. 2050-0039. Expires 9-30-88

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| UNIFORM HAZARDOUS WASTE MANIFEST   |  | 1. Generator's US EPA ID No.  | Manifest Document No. | 2. Page 1 of 1  | Information in the shaded areas is required by Federal law. |
|--|--|---|-----------------------|---|---|
| 3. Generator's Name and Mailing Address<br>CHASE CHEMICAL CO.<br>1200 HESTON ST, NEWARK, NJ 07102  |  | 4. Generator's US EPA ID Number<br>45A99155412311731968   |                       | A. State, Manifest Document Number<br>NJ A 0275068        |   |
| 4. Generator's Phone ( ) 908 507 8151  |  | 5. Transporter 1 Company Name<br>CONTINENTAL CHEMICAL   |                       | B. State, Generator's US EPA ID Number<br>NJ A 0275068    |   |
| 5. Transporter 1 US EPA ID Number<br>45A99073196158  |  | 6. Transporter 1 Phone<br>201 277-1185  |                       | C. State, Transporter's US EPA ID Number<br>NJ A 0275068  |   |
| 7. Transporter 2 Company Name  |  | 8. Transporter 2 US EPA ID Number   |                       | D. Transporter's Phone<br>201 277-1185                    |   |
| 9. Designated Facility Name and Site Address<br>SOLVENTS RECOVERY SERVICE OF NEW JERSEY INC.<br>1200 ELLIJAN ST<br>LAWRENCEVILLE, NJ 07046   |  | 10. US EPA ID Number<br>45A99031731977  |                       | E. State, Transporter's ID Number<br>NJ A 0275068         |   |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)   |  | 12. Containers  |                       | F. Facility's Phone<br>201 862-2000                       |   |
| a. WASTE TETRACHLOROETHYLENE LIQ. 690.5<br>UN 1897   |  | No. Type  |                       | Total Quantity  |   |
| b.   |  | No. Type  |                       | Total Quantity  |   |
| c.   |  | No. Type  |                       | Total Quantity  |   |
| d.   |  | No. Type  |                       | Total Quantity  |   |
| J. Additional Descriptions for Materials Listed Above  |  | K. Handling Codes for Wastes Listed Above   |                       | L. Waste No.  |   |
| 15. Special Handling Instructions and Additional Information<br>@-FNU-013021-60  |  | 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. |                       | 17. Transporter 1 Acknowledgement of Receipt of Materials |   |
| 16. GENERATOR'S CERTIFICATION: I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. |  | Signature   |                       | Month Day Year  |   |
| Printed/Typed Name   |  | Signature   |                       | Month Day Year  |   |
| 17. Transporter 2 Acknowledgement of Receipt of Materials  |  | Signature   |                       | Month Day Year  |   |
| Printed/Typed Name   |  | Signature   |                       | Month Day Year  |   |
| 19. Discrepancy Indication Space   |  | Signature   |                       | Month Day Year  |   |
| 20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19   |  | Signature   |                       | Month Day Year  |   |
| Printed/Typed Name   |  | Signature   |                       | Month Day Year  |   |

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State of New Jersey  
Department of Environmental Protection  
Division of Waste Management  
CN 028, Trenton, NJ 08625

Form Approved. OMB No. 2050-0039. Expires 9-30-88

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

| UNIFORM HAZARDOUS WASTE MANIFEST  |  | 1. Generator's US EPA ID No.                                  | Manifest Document No. | 2. Page of of pages   | Information in the shaded areas is not required by Federal law. |
|---|--|---|-----------------------|---|---|
| 3. Generator's Name and Mailing Address<br><b>CHASE CHEMICAL CO</b><br><b>280 CHESTNUT ST. NEWARK, N.J. 07105</b>                                       |  | 4. Generator's US EPA ID Number<br><b>UJ001515-2123173052</b> |                       | A. State Manifest Document Number<br><b>NJA 0275052</b>   |   |
| 5. Transporter's Company Name<br><b>CONTINENTAL WASTE</b>   |  | 6. US EPA ID Number<br><b>UJ27907210658</b>                   |                       | B. State Generator's ID Number<br><b>STATE</b>  |   |
| 7. Transporter's Company Name   |  | 8. US EPA ID Number   |                       | C. State Transporter's ID Number<br><b>UJ27907210658</b>  |   |
| 9. Designated Facility Name and Site Address<br><b>SOLVENTS RECOVERY SERVICE OF NEW JERSEY (INC)</b><br><b>1200 SYLVAN ST</b><br><b>LINDEN NJ 07036</b> |  | 10. US EPA ID Number<br><b>UJ4010211823917</b>                |                       | D. Transporter's Phone<br><b>201-727-4888</b>   |   |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)  |  | 12. Containers  |                       | E. State Transporter's ID   |   |
| WASTE TETRACHLOROETHYLENE LIQUID<br>D-001 - A - UN1397 (F001)   |  | No. Type Quantity Unit Wt/Vol Waste No.                       |                       | F. Transporter's Phone  |   |
| WASTE FLAMMABLE LIQUID N.O.S. EPA 1600000<br>FLAMMABLE LIQUID - UN1993  |  | 0112 DM 001660 G F-001  |                       | G. State Facility's ID  |   |
| WASTE ISOHEXANOL - FLAMMABLE LIQUID - UN1219  |  | 0105 DM 001275 G D-001  |                       | H. Facility's Phone<br><b>201-862-2000</b>  |   |
| WASTE ISOHEXANOL - FLAMMABLE LIQUID - UN1219  |  | 0102 DM 001110 G D-001  |                       | 14. Waste No.   |   |
| 15. Special Handling Instructions and Additional Information  |  | K. Handling Codes for Wastes Listed Above                     |                       | 15. Waste No.   |   |
| ④ 40% NAPHTHA<br>20% MINERAL OIL<br>50% VITAMIN D<br>④ PIN - 01321-CP<br>④ PIN - 01498-FD   |  | ④ PIN - 01498-FD  |                       | 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. |   |
| 17. Transporter 1 Acknowledgement of Receipt of Materials   |  | Signature   |                       | Month Day Year  |   |
| Printed/Typed Name<br><b>STEPHEN VARELA</b>   |  | Signature<br><i>[Signature]</i>                               |                       | 11/02/87  |   |
| 18. Transporter 2 Acknowledgement of Receipt of Materials   |  | Signature   |                       | Month Day Year  |   |
| Printed/Typed Name  |  | Signature   |                       | 11/02/87  |   |
| 19. Discrepancy Indication Space  |  | Signature   |                       | Month Day Year  |   |
| 11 - ADD  |  | Signature   |                       | 11/02/87  |   |
| 20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19                      |  | Signature   |                       | Month Day Year  |   |
| Printed/Typed Name<br><b>THOMAS</b>   |  | Signature<br><i>[Signature]</i>                               |                       | 11/02/87  |   |

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Department of Environmental Protection  
Division of Waste Management  
CN 028, Trenton, NJ 08625**

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|   |  |  |  |   |                   |  |  |
|---|--|--|--|---|-------------------|--|--|
| <b>UNIFORM HAZARDOUS<br/>WASTE MANIFEST</b>   |  | 1. Generator's US EPA ID No.<br>NJ D 0 5 3 5 2 2 2 3 1 6 0 3 7   |  | Manifest<br>Document No.                                | 2. Page 1<br>of 1 | Information in the shaded areas<br>is not required by Federal<br>law |  |
|   |  | 3. Generator's Name and Mailing Address<br>Grease Chemical Co.<br>280 Chestnut St.<br>Newark, NJ 07105 |  | A. State Manifest Document Number<br><b>NJA 0360372</b> |                   | B. State Generator's ID<br><b>SAME</b>                               |  |
| 4. Generator's Phone (201) 589-8161   |  | 6. US EPA ID Number<br>NJ D 9 8 1 8 7 3 6 6 4  |  | C. State Transporter's ID<br>NJDEPS10340                |                   | D. Transporter's Phone 201-756-4200                                  |  |
| 5. Transporter 1 Company Name<br>American Industrial Marine   |  | 8. US EPA ID Number  |  | E. State Transporter's ID                               |                   | F. Transporter's Phone   |  |
| 7. Transporter 2 Company Name   |  | 10. US EPA ID Number   |  | G. State Facility's ID                                  |                   | H. Facility's Phone 201-278-8362                                     |  |
| 9. Designated Facility Name and Site Address<br>Atlas Associates<br>109 Fifth Ave.<br>Paterson, NJ 07624  |  | 12. Containers<br>No. Type   |  | 13. Total Quantity                                      |                   | 14. Units<br>Wt/Vol  |  |
| 11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID-Number)  |  | 15. Special Handling Instructions and Additional Information   |  | K. Handling Codes for Wastes Listed Above               |                   | Waste No.  |  |
| a. Waste Combustible Liquid, N.O.S. RQ100<br>Combustible Liquid NA 1993 (EPA-D001)  |  | A) Tech # 1191/3080 EPA Methylene Chloride   |  | C) Tech # 2997/3052 Chloroform/1PA                      |                   | D-001  |  |
| b. Waste Flammable Liquid, N.O.S. RQ100<br>Flammable Liquid UN 1993 (EPA-D001)  |  | B) Tech # 863/3057 Methanol  |  | D) Tech # 897/3053 1PA Ethocel                          |                   | D-001  |  |
| c. Waste Flammable Liquid, N.O.S. RQ100<br>Flammable Liquid UN 1993 (EPA-D001)  |  |  |  |   |                   | D-001  |  |
| d. Waste Flammable Liquid, N.O.S. RQ100<br>Flammable Liquid, UN 1993 (EPA-D001)   |  |  |  |   |                   | D-001  |  |
| J. Additional Descriptions for Materials Listed Above<br>L-I Methylene Chloride<br>Isopropyl alcohol methanol<br>L-I Methanol<br>Acetone<br>Hexane<br>Ethanol   |  | L-I Chloroform IPA<br>L-I Isopropanol<br>Ethocel   |  | So-1  |                   |  |  |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.   |  |  |  |   |                   |  |  |
| If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. |  |  |  |   |                   |  |  |
| Printed/Typed Name<br><b>PHILIP CAPRARA</b>   |  | Signature<br><i>Philip Caprara</i>   |  | Month Day Year<br><b>11/19/87</b>                       |                   |  |  |
| 17. Transporter 1 Acknowledgement of Receipt of Materials<br>Printed/Typed Name<br><i>Larry Kravitz</i>   |  | Signature<br><i>Larry Kravitz</i>  |  | Month Day Year<br><b>11/19/87</b>                       |                   |  |  |
| 18. Transporter 2 Acknowledgement of Receipt of Materials<br>Printed/Typed Name   |  | Signature  |  | Month Day Year  |                   |  |  |
| 19. Discrepancy Indication Space  |  |  |  |   |                   |  |  |
| 20. Facility Name and Address (if different from manifest) and Date of Receipt of Materials   |  |  |  |   |                   |  |  |
| Printed/Typed Name<br><b>HARTYIN GOLOBERG</b>   |  | Signature<br><i>Hartyn Golberg</i>   |  | Month Day Year<br><b>11/19/87</b>                       |                   |  |  |

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State of New Jersey  
Department of Environmental Protection  
Division of Waste Management  
CN 626, Trenton, NJ 08646

U.S. DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
2005

2005

ROYAL



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION II

-----x  
In the Matter of :  
 :  
SCHIFF PRODUCTS, INC. :  
Formerly Known As :  
CHASE CHEMICAL COMPANY INC. :  
 :  
Respondent. : Docket No. II RCRA-88-0119  
 :  
Proceeding Under Section 3008 of :  
the Solid Waste Disposal Act, as :  
amended. :  
-----x

CONSENT AGREEMENT  
AND  
CONSENT ORDER

PRELIMINARY STATEMENT

This administrative proceeding was instituted pursuant to Section 3008 of the Solid Waste Disposal Act ("Act"), as amended by the Resource Conservation and Recovery Act of 1976 ("RCRA") and the Hazardous and Solid Waste Amendments of 1984 ("HSWA" or "Amendments"). 42 U.S.C.A. §§ 6901-6991i (West 1983 & Supp. 1987).

Section 3006(b) of RCRA provides that the Administrator of the U.S. Environmental Protection Agency ("EPA") may, if certain criteria are met, authorize a state to operate the hazardous waste program in lieu of the EPA. 42 U.S.C.A. § 6926(b) (West 1983 & Supp. 1987). The State of New Jersey received its final authorization to administer its RCRA hazardous waste program on February 21, 1985. Even though the state is authorized to implement the hazardous waste program, Section 3008



of RCRA permits EPA to enforce the provisions of the state authorized program. 42 U.S.C.A. § 6928 (West 1983 & Supp. 1988).

Section 3006(g) of RCRA provides that the Administrator of the EPA has the authority to carry out any requirement or prohibition imposed by HSWA, and the regulations promulgated thereunder, in each state, unless the state program is finally authorized (or is granted interim authorization) for such requirements. HSWA includes the Land Disposal Restriction Rule ("LDR Rule" or "Land Ban" Rule) under the amended Section 3004 of RCRA. 42 U.S.C.A. § 6924 (West 1983 & Supp. 1987). New Jersey has not received final or interim authorization for the HSWA requirements. Therefore, until the State of New Jersey amends its hazardous waste program to incorporate the requirements under HSWA and receives authorization to enforce such requirements, EPA retains sole authority for implementation and enforcement of the HSWA requirements, which includes the Land Ban regulations.

The Complainant in this proceeding, the Director of the Air and Waste Management Division, Region II, United States Environmental Protection Agency issued a Complaint, Compliance Order and Notice of Opportunity for Hearing to Chase Chemical Company. ("Respondent") on September 26, 1988. The Complaint charged Respondent with violating HSWA, the regulations promulgated pursuant to HSWA, the New Jersey Solid Waste Management Act ("SWMA") and the regulations promulgated pursuant to SWMA.



FINDINGS OF FACT

1. Respondent owned and operated a facility located at 290 Chestnut Street, Newark, New Jersey 07105 ("the facility").
2. By notification dated September 23, 1980 Respondent informed EPA that it conducts activities at its facility involving "hazardous waste", as that term is defined by Section 1004(5) of RCRA (42 U.S.C.A. § 6903(5) (West 1983 & Supp. 1987)), 40 C.F.R. § 260.10 (1987), and N.J. Admin. Code tit. 7 §26-1.4 (1987).
3. Respondent generated hazardous waste at its facility.
4. On January 14, 1988, a duly designated representative of the New Jersey Department of Environmental Protection ("NJDEP"), authorized by the EPA, conducted an inspection of the aforementioned facility (paragraph 1). The inspection was conducted for the purposes of determining compliance with the federal and state hazardous waste programs.
5. On January 14, 1988, the NJDEP inspector found that Respondent had shipped restricted waste, which it had misclassified, to an off-site treatment facility without providing it with a written statement which includes the: (a) EPA Hazardous Waste Number; (b) corresponding treatment standard for the waste; (c) manifest number associated with the waste shipment; and (d) waste analysis data, where available.



6. On January 14, 1988, the NJDEP inspector found that Respondent had improperly identified on several New Jersey manifests, the hazardous waste number for those hazardous waste shipments.

7. In a letter, dated May 4, 1989, Mr. Curtis L. Michael representing Schiff Products, Inc. informed EPA that on March 22, 1988 Chase Chemical Company had sold certain business assets, including the Newark, New Jersey plant to Chase Chemical Company, L.P. and that also on March 22, 1988, Chase Chemical Company, Inc. had changed its name from Chase Chemical Company, Inc., a New Jersey Corporation, to Schiff Products, Inc., a New Jersey Corporation.

#### CONCLUSIONS OF LAW

1. Respondent is a "person" as that term is defined in Section 1004(15) of RCRA (42 U.S.C.A. § 6903(15) (West 1983 & Supp. 1987)), 40 C.F.R. § 260.10 (1987), and N.J. Admin. Code tit. 7, § 26-1.4 (1987).

2. Respondent was a "generator", as that term is defined in 40 C.F.R. § 260.10 (1987) and N.J. Admin. Code tit. 7, § 26-1.4 (1987), of hazardous waste at its facility.

3. Respondent was subject to the regulation set forth at 40 C.F.R. § 268.7(a)(1) (1987), which requires a generator to





determine if its waste, which is being shipped off-site, is restricted from land disposal under 40 C.F.R. §§ 268.1-268.50 (1987) and, if it is, then to notify in writing, pursuant to the requirements of the regulations, the treatment facility of the appropriate treatment standards set forth in 40 C.F.R. §§ 268.40-286.44 (1987).

4. Respondent's failure to notify the treatment facility in writing (as specified in the Findings of Fact, paragraph 5), is a violation of the regulation set forth at 40 C.F.R. §§ 268.7(a)(1) (1987).

5. Respondent's failure to meet the requirements of the regulation set forth at 40 C.F.R. § 268.7(a)(1) (1987) constitutes a failure or refusal to comply with 40 C.F.R. § 268.7(a)(1) (1987), and is a violation of Section 3002 and Section 3008 of RCRA (42 U.S.C.A. § 6922, 6928 (West 1983 & Supp. 1987)).

6. Respondent was subject to the regulation set forth at N.J. Admin. Code tit. 7, § 26-7.4 which requires that the generator who ships hazardous waste off-site prepare a manifest form (N.J. Admin. Code tit. 7, § 26-7.4(a)(3) (1987)) and that the manifest form contain specific information (N.J. Admin. Code tit. 7, § 26-7.4(a)(4)(vii) (1987)).

7. Respondent's failure to properly identify the hazardous waste (as specified in the Findings of Fact, paragraph 6), is a violation of the regulation set forth at N.J. Admin. Code tit. 7, § 26-7.4(a)(4)(vii) (1987).



8. Respondent's failure to meet the requirement of N.J. Admin. Code tit. 7, § 26-7.4(a)(4)(vii) (1987), constitutes a failure or refusal to comply with N.J. Admin. Code tit. 7, § 26-7.4(a)(4)(vii) (1987), and is a violation of the New Jersey Solid Waste Management Act (N.J. State Ann. tit. 13, §§ 13:1E-176 (West 1979 & Supp. 1987)).

CONSENT AGREEMENT

Based upon the foregoing, and pursuant to Section 3008 of RCRA (42 U.S.C.A. § 6928 (West 1983 & Supp. 1987)), and the "Consolidated Rules of Practice Governing the Administrative Assessment of Civil Penalties and the Revocation or Suspension of Permits" (40 C.F.R. § 22.18 (1987)), it is hereby agreed as follows:

1. Within thirty days of the effective date of the Consent Agreement, Respondent shall write the new owner of the facility reminding that owner of the need to comply with the regulations set forth at 40 C.F.R. Part 268 and N.J. Admin. Code tit. 7, § 26-7.4(a)(4)(vii)(1987) and other applicable hazardous waste regulations.

2. Respondent shall pay, by cashier's or certified check, a civil penalty for the violations cited herein in the amount of seven thousand dollars (\$7,000.00) payable to the Treasurer, United States of America, and mailed to:

U.S. Environmental Protection Agency,  
Regional Hearing Clerk Region II,  
P.O. Box 360188M,  
Pittsburgh, Pennsylvania 15251.



The payment shall be identified as Chase Chemical Company  
Docket No. II RCRA-88-0119. Payment is due within thirty (30)  
days after the Regional Administrator signs this Consent Agree-  
ment and Consent Order. A copy of payment shall be sent to:

Stuart Keith, Legal Advisor  
Waste and Toxic Substances Branch  
Office of Regional Counsel  
U.S. Environmental Protection Agency  
26 Federal Plaza  
New York, New York 10278

a. Failure to pay the penalty in full according to the  
above provisions will result in referral of this matter to the  
United States Attorney for collection.

b. Further, if payment is not received on or before the due  
date, interest will be assessed at the annual rate established  
by the Secretary of Treasury pursuant to 31 U.S.C. § 3717 (1982),  
on the overdue amount from the effective date of this Consent  
Agreement and Consent Order through the date of payment. In  
addition, a late payment handling charge of twenty dollars  
(\$20.00) will be assessed if payment is not received by the due  
date, with an additional charge of ten dollars (\$10.00) for each  
subsequent thirty (30) day period. A six percent (6%) per annum  
penalty also will be applied on any principal amount not paid  
within ninety (90) days of the due date.

3. Pursuant to 40 C.F.R. § 22.18 (1987), for the purposes  
of this proceeding, Respondent: (1) admits the jurisdictional  
allegations of the Complaint; (2) neither admits nor denies the  
factual allegations contained in the Complaint and the Findings





of Fact and Conclusions of Law contained in this Agreement; and  
(3) consents to the assessment of a civil penalty in  
paragraph 2 of the Consent Agreement.

4. The executed Consent Agreement and Consent Order by the  
Regional Administrator constitutes full settlement of all  
liabilities that might have attached as a result of the allegations  
of the Complaint.

5. Respondent waives its right to request a Hearing on this  
matter, has read the foregoing Agreement, believes that it is  
reasonable and consents to its issuance and its terms.

6. Each undersigned signatory of this Agreement certifies  
that he or she is fully authorized to enter into the terms and  
conditions of this Agreement.

RESPONDENT:

BY: *J. H. Swickney, V.P.*  
SCHIFF PRODUCTS, INC.

NAME: *Joseph H. Swickney*  
(Please Print)

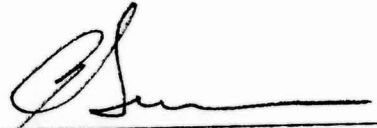
TITLE: *Vice President*

DATE: *MAY 24, 1989*



COMPLAINANT:

BY:

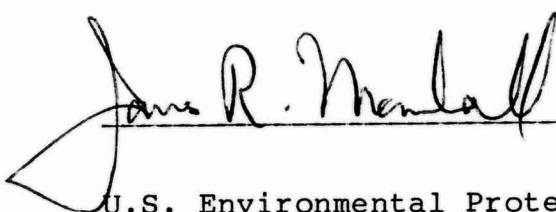
  
CONRAD SIMON  
Director  
Air and Waste Management Division  
U.S. Environmental Protection  
Agency - Region II

DATE:

June 5, 1989

CONSENT ORDER

The Regional Administrator of the U.S. Environmental Protection Agency, Region II, concurs in the foregoing Consent Agreement. The Agreement entered into by the parties is hereby approved and issued, as an Order, effective immediately.

  
U.S. Environmental Protection  
Agency - Region II  
26 Federal Plaza  
New York, New York 10278

DATE:

6/5/89



# FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: January 22, 2016 - 12:11 PM

Version 5.0

## User Selection Criteria

|                        |                                       |                        |             |
|------------------------|---------------------------------------|------------------------|-------------|
| Location:              | New Jersey, all activities            | Activity Location:     | None Chosen |
| Handler ID:            | NJD053522231                          | Group of IDs:          | None Chosen |
| Handler Name:          |                                       |                        |             |
| Handler Universe:      | All Facilities Regardless of Universe |                        |             |
| Determined Date Range: | From: 10/01/1980 To: 01/22/2016       |                        |             |
| Location County Code:  | None Chosen                           | Evaluation Type:       |             |
| Location City:         |                                       | Focus Area:            |             |
| Location Zip Code:     |                                       | Violation Type:        |             |
| State District:        | None Chosen                           | Display Code Descrip.: | Yes         |
| Sort Order:            | Region, State, Handler Name           | Display Universes:     | Yes         |

## Results

Data meeting the criteria you selected follows.

Total Pages: 5      Total Handlers: 1

## Report Description

This report presents available information from the Resource Conservation and Recovery Act Information System (RCRAInfo) about compliance evaluations, violations, and enforcement actions meeting the criteria supplied by the user. Evaluations showing no violations does not always indicate that no violations were determined. Violation without enforcement actions does not always mean no enforcement action will be issued. In order to avoid releasing enforcement sensitive information to the public the following information is not shown on the report: pending civil / judicial referrals, criminal actions and referrals, and State to EPA referrals; all other enforcement actions are released.

## Report Information

|               |  |
|---------------|--|
| Name:         | cme_foia.rdf   |
| Developed by: | EPA Headquarters, Office of Enforcement and Compliance Assurance       |
| Deployed:     | June 2006  |
| Last Updated: | May 2012   |
| Contact:      | rcrainfo.help@epa.gov  |
| Tables Used:  | cmecomp3, ccitation3, hreport_univ5, lu_citation, lu_state, hid_groups |
| Libraries:    | none   |

# FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: January 22, 2016 - 12:11 PM

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## CHASE CHEMICAL CO DIV IROQUOIS BRANDS

County Name / Code: ESSEX / NJ013

NJD053522231

Location: 290 CHESTNUT ST; NEWARK, NJ 07105-1559

REGION 02

Mailing: 280 CHESTNUT ST; NEWARK, NJ 07105

|                         |                          |                           |                         |                               |                |
|-------------------------|--------------------------|---------------------------|-------------------------|-------------------------------|----------------|
| Activity Location: NJ   | State District: NORTHERN | Accessibility:            | Non-Notifier:           | Extract Flag: Y               | Active Site: N |
| Generator: N            | Transporter: N           | Operating TSDF: -----     | IC In Place: N          | El Indicator (HE / GW): N / N |                |
| Short-Term Gen: N       | Transfer Facility: N     | Offsite Receiver: N       | HSM: N                  | Subpart K: ----               |                |
| Full Enforcement: ----- | Converter: -----         | State Unaddressed SNC: N  | EPA Unaddressed SNC: N  |                               |                |
| CA Wrkld: N             | State TSDF: -----        | State Addressed SNC: N    | EPA Addressed SNC: N    |                               |                |
| Active State Gen: N     |                          | State SNC w/Comp Sched: N | EPA SNC w/Comp Sched: N |                               |                |

|  |                                       |                           |                                    |                             |                           |
|--|---------------------------------------|---------------------------|------------------------------------|-----------------------------|---------------------------|
| <b>Violation:</b>                      | Activity Location: NJ                 | Type: 268.A               | Determined Date: 01/14/1988        | Determined by Agency: State | Responsible Agency: State |
|  | Scheduled Compliance Date: 06/05/1989 |                           | Actual Compliance Date: 07/13/1989 | RTC Qualifier: OBSERVED     | Sequence Number: 3        |
| CEI Evaluation                         | 01/14/1988                            | Activity Location: NJ     | By: State                          | Identifier: 002             | Person: R2DEP             |
| Citizen Complaint: NO                  |                                       | Multimedia Inspection: NO | Sampling: NO                       | Not Subtitle C: NO          | Day Zero:                 |
| Found Violation: YES                   |                                       |                           |                                    |                             | Focus Area:               |
| Enforcement:                           | Activity Location: NJ                 | Type: 310                 | Action Date: 06/05/1989            | Identifier: 003             |                           |
| Docket:                                |                                       | Agency: EPA               | Responsible Person: R2EK2          | Branch:                     |                           |
| Penalty Information: Proposed:         |                                       | Final Monetary: \$8,900   | Collected:                         | Total Final: \$8,900        |                           |
| CA Component: N                        |                                       | Disposition Status:       | Appeal Initiated:                  | Appeal Resolved:            |                           |
| Enforcement:                           | Activity Location: NJ                 | Type: 210                 | Action Date: 09/22/1988            | Identifier: 004             |                           |
| Docket:                                |                                       | Agency: EPA               | Responsible Person: R2EK2          | Branch:                     |                           |
| Penalty Information: Proposed: \$8,900 |                                       | Final Monetary:           | Collected:                         | Total Final:                |                           |
| CA Component: N                        |                                       | Disposition Status:       | Appeal Initiated:                  | Appeal Resolved:            |                           |
| <b>Violation:</b>                      | Activity Location: NJ                 | Type: 262.A               | Determined Date: 01/14/1988        | Determined by Agency: State | Responsible Agency: State |
|  | Scheduled Compliance Date: 01/29/1988 |                           | Actual Compliance Date: 02/18/1988 | RTC Qualifier: OBSERVED     | Sequence Number: 4        |
| CEI Evaluation                         | 01/14/1988                            | Activity Location: NJ     | By: State                          | Identifier: 002             | Person: R2DEP             |
| Citizen Complaint: NO                  |                                       | Multimedia Inspection: NO | Sampling: NO                       | Not Subtitle C: NO          | Day Zero:                 |
| Found Violation: YES                   |                                       |                           |                                    |                             | Focus Area:               |
| Enforcement:                           | Activity Location: NJ                 | Type: 120                 | Action Date: 01/14/1988            | Identifier: 005             |                           |
| Docket:                                |                                       | Agency: State             | Responsible Person: R2DEP          | Branch:                     |                           |
| CA Component: N                        |                                       | Disposition Status:       | Appeal Initiated:                  | Appeal Resolved:            |                           |
| <b>Violation:</b>                      | Activity Location: NJ                 | Type: 262.A               | Determined Date: 09/09/1986        | Determined by Agency: State | Responsible Agency: State |
|  | Scheduled Compliance Date: 07/08/1987 |                           | Actual Compliance Date: 07/08/1987 | RTC Qualifier: OBSERVED     | Sequence Number: 1        |
| CEI Evaluation                         | 09/09/1986                            | Activity Location: NJ     | By: State                          | Identifier: 001             | Person: R2DEP             |
| Citizen Complaint: NO                  |                                       | Multimedia Inspection: NO | Sampling: NO                       | Not Subtitle C: NO          | Day Zero:                 |
| Found Violation: YES                   |                                       |                           |                                    |                             | Focus Area:               |
| Enforcement:                           | Activity Location: NJ                 | Type: 210                 | Action Date: 06/18/1987            | Identifier: 001             |                           |
| Docket:                                |                                       | Agency: State             | Responsible Person: R2DEP          | Branch:                     |                           |
| Penalty Information: Proposed: \$1,500 |                                       | Final Monetary: \$1,500   | Collected:                         | Total Final: \$1,500        |                           |
| CA Component: N                        |                                       | Disposition Status:       | Appeal Initiated:                  | Appeal Resolved:            |                           |

\* Note: Penalty amount may not reflect all violations cited.

# FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

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## CHASE CHEMICAL CO DIV IROQUOIS BRANDS, NJD053522231, NEWARK, NJ, continued -

|                 |                       |               |                           |                  |
|-----------------|-----------------------|---------------|---------------------------|------------------|
| Enforcement:    | Activity Location: NJ | Type: 120     | Action Date: 09/09/1986   | Identifier: 002  |
| Docket:         |                       | Agency: State | Responsible Person: R2DEP | Branch:          |
| CA Component: N | Disposition Status:   |               | Appeal Initiated:         | Appeal Resolved: |

|                            |                       |                           |                                    |                             |                           |
|----------------------------|-----------------------|---------------------------|------------------------------------|-----------------------------|---------------------------|
| Violation:                 | Activity Location: NJ | Type: 262.A               | Determined Date: 09/09/1986        | Determined by Agency: State | Responsible Agency: State |
| Scheduled Compliance Date: |                       |                           | Actual Compliance Date: 07/27/1988 | RTC Qualifier: UNVERIFIABLE | Sequence Number: 2        |
| CEI Evaluation             | 09/09/1986            | Activity Location: NJ     | By: State                          | Identifier: 001             | Person: R2DEP             |
| Citizen Complaint: NO      |                       | Multimedia Inspection: NO | Sampling: NO                       | Not Subtitle C: NO          | Day Zero:                 |
|                            |                       |                           |                                    |                             | Found Violation: YES      |
|                            |                       |                           |                                    |                             | Focus Area:               |
| No Linked Enforcements     |                       |                           |                                    |                             |                           |

### Evaluations With No Violations:

|                       |            |                           |                    |                    |               |            |                     |
|-----------------------|------------|---------------------------|--------------------|--------------------|---------------|------------|---------------------|
| CDI Evaluation        | 08/03/1998 | Activity Location: NJ     | By: State          | Identifier: 000    | Person: NJFA  | Branch: N  | Found Violation: NO |
| Citizen Complaint: NO |            | Multimedia Inspection: NO | Sampling: NO       | Not Subtitle C: NO | Day Zero:     |            | Focus Area:         |
| CEI Evaluation        | 04/11/1995 | Activity Location: NJ     | By: State          | Identifier: 000    | Person: NJMS  | Branch: M  | Found Violation: U  |
| Citizen Complaint: NO |            | Multimedia Inspection: NO | Sampling: NO       | Not Subtitle C: NO | Day Zero:     |            | Focus Area:         |
| CEI Evaluation        | 11/02/1993 | Activity Location: NJ     | By: EPA Contractor | Identifier: 000    | Person: R2    | Branch:    | Found Violation: NO |
| Citizen Complaint: NO |            | Multimedia Inspection: NO | Sampling: NO       | Not Subtitle C: NO | Day Zero:     |            | Focus Area:         |
| CEI Evaluation        | 07/11/1991 | Activity Location: NJ     | By: State          | Identifier: 000    | Person: R2DEP | Branch: NJ | Found Violation: NO |
| Citizen Complaint: NO |            | Multimedia Inspection: NO | Sampling: NO       | Not Subtitle C: NO | Day Zero:     |            | Focus Area:         |

### Orphan Enforcement Actions:

|                 |                       |             |                           |                  |
|-----------------|-----------------------|-------------|---------------------------|------------------|
| Enforcement:    | Activity Location: NJ | Type: 120   | Action Date: 06/27/1995   | Identifier: 000  |
| Docket:         |                       | Agency: EPA | Responsible Person: R2OSK | Branch: RCB      |
| CA Component: N | Disposition Status:   |             | Appeal Initiated:         | Appeal Resolved: |

|                                     |   |
|-------------------------------------|---|
| Total Number of Handlers:           | 1 |
| Total Number of Activity Locations: | 1 |

\* End of Report \*

\* Note: Penalty amount may not reflect all violations cited.

# FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

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## Description of codes used on the report:

| Universes                 | Description of Universes  |
|---------------------------|---|
| Generator                 | Indicates that the facility is a Large Quantity Generator (LQG), Small Quantity Generator (SQG), Conditionally Exempt Small Quantity Generator (CEG), or not a generator (N).   |
| Transporter               | Indicates that the facility Transports waste subject to RCRA regulations. ('Y' indicates that the facility is in this universe).  |
| Operating TSDF            | Indicates that the facility is a Treatment, Storage or Disposal facility subject to any type of enforcement. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)   |
| IC in Place               | Indicates that the facility has Institutional Controls in place. ('Y' indicates that the facility is in this universe).   |
| EI Indicator (HE / GW)    | Indicates that the facility has controls in place for Environmental Indicators.<br>HE - Human Exposures ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist)<br>GW - Groundwater Release ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist) |
| Short-Term Gen            | Indicates that the facility is a short term or one time event generator and not generating from ongoing processes.  |
| Transfer Facility         | Indicates that the facility transfers hazardous waste.  |
| Offsite Receiver          | Indicates that the facility, whether public or private, currently accepts hazardous waste from another site (site identified by a different EPA ID).  |
| HSM                       | Indicates that the facility manages hazardous secondary material(s) (e.g. spent material, by-product or sludge) that when discarded, would be identified as hazardous waste.  |
| Subpart K                 | Indicates that the facility has opted into the subpart K laboratory rule. It then specifies the type of facility (C - College or University; H - Teaching Hospital; N - Non-profit Research Institute; W - withdrawal from the rule)  |
| Full Enforcement          | Indicates that the facility is a Treatment, Storage or Disposal facility which is part of the Full Enforcement universe. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)   |
| CA Workload               | Indicates that the facility is part of the Corrective Action Workload universe. ('Y' indicates that the facility is in this universe).  |
| Active State Gen          | Indicates that the facility is an Active State Generator. ('Y' indicates that the facility is in this universe).  |
| Converter                 | Indicates that the facility is a Converter Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)  |
| State TSDF                | Indicates that the facility is a State Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)  |
| State Unaddressed SNC     | Indicates that the facility is a State Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).   |
| State Addressed SNC       | Indicates that the facility is a State Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).   |
| State SNC w/ Compl. Sched | Indicates that the facility is a State Significant Non-Complier with a Compliance Schedule. ('Y' indicates that the facility is in this universe).  |
| EPA Unaddressed SNC       | Indicates that the facility is an EPA Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).  |
| EPA Addressed SNC         | Indicates that the facility is an EPA Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).  |
| EPA SNC w/ Compl. Sched   | Indicates that the facility is a EPA Significant Non-Complier with a Compliance Schedule. ('Y' indicates that the facility is in this universe).  |

\* Note: Penalty amount may not reflect all violations cited.



# FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

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## Description of codes used on the report:

| ACCESSIBILITY - indicates the reason why the handler is not accessible for normal RCRA tracking and processing (previously called Bankrupt Indicator): |   |
|--|---|
| Code   | Description   |
| B  | indicates that the handler has filed for bankruptcy and bankruptcy litigation is in process.  |
| C  | indicates that all RCRA responsibilities for permitting/closure, corrective action, and compliance monitoring and enforcement at the facility have been formally transferred to the CERCLA program or state equivalent. |
| F  | indicates that all responsible parties (owners/operators) for the handler have fled the country or are otherwise not available for prosecution.   |
| L  | indicates that the handler's case is tied up in litigation to the extent that further progress in achieving RCRA compliance through normal enforcement is not possible.   |

| NON-NOTIFIER - indicates that the handler has been identified through a source other than Notification and is suspected of conducting RCRA-regulated activities without proper authority: |  |
|---|--|
| Code  | Description  |
| E   | indicates that the handler was initially a non-notifier, subsequently determined to be exempt from requirements to notify. |
| O   | indicates that the handler is a former non-notifier.   |
| X   | indicates that the handler is a non-notifier.  |

| Violation Type | Description          |
|----------------|----------------------|
| 262.A          | GENERATORS - GENERAL |
| 268.A          | LDR - GENERAL        |

| Evaluation Type | Type Description                         |
|-----------------|--|
| CDI             | CASE DEVELOPMENT INSPECTION              |
| CEI             | COMPLIANCE EVALUATION INSPECTION ON-SITE |

| Enforcement Type | Enforcement Description        |
|------------------|--------------------------------|
| 120              | WRITTEN INFORMAL               |
| 210              | INITIAL 3008(A) COMPLIANCE     |
| 310              | FINAL 3008(A) COMPLIANCE ORDER |

\* Note: Penalty amount may not reflect all violations cited.

